

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make new provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a Notice of Privacy Practices from this office.

You will have the recourse if you feel that your privacy protection has been violated. You have the right to file a written complaint with our office or with the department of Health & Human Services, Office of civil rights about violations of this notice or the policies and procedures of our office. We will not retaliate against you for filling a complaint.

Please contact us for more information.

HIPPA Privacy Officer  
Paul A. Blair, M.D. Inc  
Jane A. Kurucz, M.D. Inc  
3667 Teays Valley Road  
Hurricane, WV 25526  
(304)201-3223

The U.S. Department of Health & Human Services  
Office of civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202)619-0257  
(877)696-6775

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## Notice of Privacy Practices Acknowledgement

I have received, read and understand your Notice of Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Private Practices.

I understand that I may request in writing that you restrict how my private information is used and disclosed to carry out treatment, payment or health care operations. I understand you are not required to agree to my requested restrictions, but if you agree then you are bond to abide by such restrictions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date