

**BRIDGEWATER PRIMARY CARE AND CARDIOLOGY, LLC
NOTICE OF PRIVACY RIGHTS & PRACTICES**

We are required by a federal law known as “The Health Insurance Portability and Accountability Act” (HIPAA) as well as by Massachusetts law to maintain the privacy of your medical and health information, also referred to as “Protected Health Information” (PHI).

Our Notice of Privacy Rights and Practices describes how information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully. When we use or disclose your Protected Health Information, we are required to abide by the terms of the Notice (or any other Notice in effect at the time of the use or disclosure).

You have the right to request in writing that we restrict how Protected Health Information about you is used or disclosed. We are not required to agree to this restriction, but if we do, you will receive written confirmation of our agreement to which we will be bound.

Your signature below constitutes your acknowledgement that you have received a copy of our Notice of Privacy Rights and Practices, and your consent under Massachusetts’s law to the kinds of uses and disclosures of PHI mentioned in our Notice.

Patient’s Signature: _____ Date: _____

Personal Representative: _____ Date: _____

Relationship to patient: _____