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Notice of Privacy Practices Summary

Maintaining privacy of your health information is very important to us. Our website (www.lakepointfp.com) and our reception staff will provide you with our Notice of Privacy Practices. The following is a brief summary of the content of the policy. We encourage you to read the entire Notice and ask any questions you may have regarding its contents.

Uses and Disclosures of Your Health Information That May Be Made Without Your Authorization. This section describes the different ways we may use or disclose your health information without first obtaining a specific authorization from you. These types of uses and disclosures are specifically permitted by law because it is assumed you would want us to use or disclose your information for these purposes, or because such use or disclosure is recognized as critical to the functioning of our health care system.

Your Health Information Rights. This section describes the following rights you have with respect to your health information and tells you how you may exercise these rights.

- Right to access
Right to request amendment
Right to and accounting disclosures
Right to request restrictions on certain uses and disclosures
Right to request alternative means of communication
Right to be notified of a breach of your protected health information
Right to receive a paper copy of our Notice of Privacy Practices

How to File Complaints Concerning Our Privacy Practices. This section tells you what you can do if you believe any of your rights have been violated. You will not be penalized for filing a complaint.

I acknowledge that the Notice of Privacy Practices of Lakepoint Family Physicians with the effective date of September 23, 2013 has been given or offered to me and are available upon request at any time.

Patient Name (Printed)

Patient/Personal Representative Signature

Relationship to Patient

Date

A good faith effort was made to obtain a written acknowledgement of his/her receipt of the Notice, but such acknowledgement could not be obtained because:

Patient/Personal Representative refused to sign Patient/Personal Representative was unable to sign

The patient had a medical emergency and an attempt to obtain the acknowledgement will be made at the next opportunity Other

Signature of Workforce member completing form: Date: