

**David Gilboe and Assoc., Inc**  
NOTICE OF PRIVACY PRACTICES

This notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

Protected health information is individually identifiable health information which includes:

- Name
- Address
- Telephone and/or fax number
- Date of birth
- Social Security number
- Payment history
- Account number
- Name and address of employer
- Name and address of healthcare provider and/or health plan
- Any other data that could disclose your identity

The Health Insurance Portability and Accountability Act Privacy Rule requires us to take reasonable steps to limit use and disclosure of protected health information to the minimum necessary to accomplish the intended purpose.

You have the right to review a copy of our privacy practices. You have the right to request 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, we are bound by our agreement.

By signing this form, you acknowledge that you have been informed of our privacy practices and procedures for the use and disclosure of your protected health information.

\_\_\_\_\_  
Signature of Patient, Personal Representative, or Guardian

\_\_\_\_\_  
Print Name of Patient, Personal Representative, or Guardian

\_\_\_\_\_  
Date