



To our patients: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Baptist Community Health Services, Inc.
Notice of Privacy Practices
(Summary Notice- BCHS's Copy)

PLEASE REVIEW THIS PAGE, SIGN BELOW, AND RETURN THIS COVER PAGE TO THE STAFF PERSON WHO GAVE IT TO YOU.

Under This Top Page, You Should Have Received A Longer Notice Document. If You Did Not, Please Request One From Our Staff Person Who Provided This Page To You.

Please keep the longer Notice document and take it home with you. **YOU MAY REVIEW THE LONG-FORM EITHER NOW OR LATER.** In either case, let us know if you have any questions after reviewing it.

UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION:

Each time you visit a health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. The doctors and staff of Baptist Community Health Services, Inc. (BCHS) use and maintain this health information relating to the care you receive from us.

The longer Notice attached beneath this page contains information to help you understand what is in your medical record and how your health information is used. This helps you ensure the accuracy of such information, and lets you better understand who, what, when, where, and why others may have access to your health information.

Please sign below to acknowledge your receipt of the attached long-form Notice:

Patient name (please print)

Signature or initials of patient or personal Representative*

*If personal representative, please list relationship

Relationship to patient

(For office use only)

BCHS person's name: _____ Date: _____

(Check if applicable) Patient did not acknowledge receipt of Notice because: (explain): _____