



RURAL MEDICAL SERVICES, INC

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Privacy Officer in person, or by phone at our Corporate Office (423)-613-3300.

Patients Name: _____ Date of Birth: _____

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices of Rural Medical Services, Inc. which describes how my health information is used and shared. I understand that Rural Medical Services, Inc. has the right to change this Notice at any time. I may obtain a current copy by contacting the HIPAA Privacy Officer at 423-613-3300 or at any Rural Medical Services, Inc. office.

Printed Name of Patient/Parent/Conservator/Guardian

Date

Signature of Patient/Parent/Conservator/Guardian

Witness

Date