ADD PRACTICE LOGO HERE

PURPLE TEXT IS FOR PRACTICE SETUP. Replace every purple placeholder, review each purple instruction, and delete setup-only text before exporting the final PDF and uploading it to Allia.

Notice of Privacy Practices and Acknowledgment

Viewable PDF | Practice-branded template for patient use.

Template notice: This sample is a starting point, not legal advice. The practice should adapt it to its services, payer contracts, state law, licensing requirements, and current federal requirements, and obtain appropriate legal or compliance review before use. Delete this notice from the patient-facing version.

Practice information to complete before upload

Practice name: [PRACTICE NAME]

Effective date: [EFFECTIVE DATE]

Privacy contact name or title: [PRIVACY CONTACT]

Phone: [PRIVACY PHONE]

Email: [PRIVACY EMAIL]

Mailing address: [PRACTICE ADDRESS]

Your information. Your rights. Our responsibilities.

This notice explains how medical information about you may be used and disclosed, how you can access that information, and the responsibilities the practice has to protect it. Please review it carefully.

Your rights

- Get an electronic or paper copy of your medical record.
- Ask the practice to correct information you believe is incorrect or incomplete.
- Ask the practice to contact you in a specific way or at a different address.
- Ask the practice to limit certain uses or disclosures.
- Ask for a list of certain disclosures the practice has made.
- Get a paper or electronic copy of this notice.
- Choose a legally authorized personal representative to act for you.
- File a complaint if you believe your privacy rights have been violated.

Accessing and correcting your record

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information maintained about you. The practice will respond within the time required by law and may charge a reasonable, cost-based fee where permitted. You may also ask to correct information you believe is incorrect or incomplete. If the request is denied, the practice will explain why in writing within the time required by law.

Confidential communications and restrictions

You may ask the practice to contact you in a particular way or at a different address. You may also ask the practice not to use or disclose certain information for treatment, payment, or health-care operations. The practice is not always required to agree. If you pay in full out of pocket for an item or service, you may ask that information about that item or service not be disclosed to your health plan for payment or operations, unless the law requires disclosure.

Accounting, copies, and representatives

You may ask for an accounting of certain disclosures made during the period allowed by law. One accounting in a 12-month period is provided without charge; additional requests may involve a reasonable, cost-based fee. You may request a paper copy of this notice at any time. A legally authorized personal representative may exercise your privacy rights after the practice verifies the person's authority.

Complaints

You may complain to the practice using the privacy contact information above or file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. The practice will not retaliate against you for filing a complaint.

Your choices

In certain situations, you can tell the practice how you want information shared, including with family members, close friends, others involved in care or payment, or for disaster-relief purposes. If you cannot state a preference, information may be shared when the practice believes it is in your best interest or when needed to reduce a serious and imminent threat to health or safety, as permitted by law.

Written authorization is generally required for marketing beyond activities permitted by law, the sale of health information, and most disclosures of psychotherapy notes. You may opt out of fundraising communications. Additional notice and choice requirements may apply to records protected by 42 CFR Part 2.

How information may be used and disclosed

Treatment

Information may be used and disclosed to provide, coordinate, and manage care. This can include communication among clinicians, care coordinators, pharmacies, laboratories, primary-care clinicians, specialists, and others involved in treatment.

Health-care operations

Information may be used and disclosed to run the practice, improve quality, train staff, supervise clinicians, manage scheduling and records, coordinate care, conduct compliance activities, and contact you when necessary.

Payment

Information may be used and disclosed to bill you, your health plan, or another responsible party and to obtain payment for services.

Public health, safety, research, and law

Information may be disclosed when permitted or required for public-health and safety activities, health oversight, research allowed by law, workers' compensation, authorized law-enforcement or government purposes, organ and tissue donation, medical-examiner or funeral-director functions, and lawful judicial or administrative proceedings.

Substance-use-disorder records

If the practice creates, maintains, or receives substance-use-disorder patient records protected by 42 CFR Part 2, those records receive additional protections. They generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the patient without written consent or a qualifying court order and subpoena or similar legal mandate.

Additional protections

State or federal law may provide greater protection to mental health records, psychotherapy notes, HIV-related information, genetic information, and other sensitive records. Insert the practice-specific state-law language required for the locations and services covered by this notice before upload.

The practice's responsibilities

- Maintain the privacy and security of protected health information.
- Notify affected individuals of qualifying breaches as required by law.
- Follow the duties and privacy practices in the current version of this notice.
- Avoid uses or disclosures not described here unless authorized or otherwise permitted or required by law.
- Honor a written revocation except to the extent the practice has already relied on the authorization.

Changes to this notice

The practice may change this notice and apply the revised terms to information it already maintains as well as information received in the future. The current notice will be available upon request, at the practice, through the Allia patient portal when configured, and on the practice website.

Acknowledgment

By signing in Allia, I acknowledge that I received the Notice of Privacy Practices. The signature confirms receipt; it does not waive any privacy right.

If a signed acknowledgment cannot be obtained, the practice should document its good-faith effort and the reason the acknowledgment was not obtained in the patient record. Delete this instruction from the patient-facing PDF if it is not needed.