



Harbor Beach, MI

## REQUEST FOR ELECTRONIC VERSION OF THE NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy in an electronic or paper format by contacting Health Information Management Services.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or healthcare operations. We are not required to agree to the restriction, but if we do, we are bound by our agreement.

By signing below, you are agreeing that you have requested an electronic version of the June 2013 revised copy of the Notice of Privacy Practices for Harbor Beach Community Hospital.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Please send an electronic version of the Notice of Privacy Practices (please choose how you would like the electronic version sent to you)

\_\_\_\_\_  
Email to: \_\_\_\_\_

\_\_\_\_\_  
Mail a CD to: \_\_\_\_\_  
Street City State Zip