Notice of Privacy Practices (HIPAA) Consent

Notice of Privacy Practices: I acknowledge that North Suburban Family Physicians has provided me a copy of its Notice of Privacy Practices. I understand that the Notice describes North Suburban Family Physicians' privacy practices regarding the use and/or disclosure of patient health information. (This Notice is available on our website at drtommcgowan.com, on the patient portal under medical forms, and additional copies are available at our front desk).

By my signature below, I acknowledge that I have read, understand, and agree to the terms of this consent form. I have had the opportunity to ask questions, and that any questions have been satisfactorily answered.

Signature: ________________________________ Date: __________________

Printed Name: _______________________ Relationship to Patient (if minor): ___________________

---This Form Will Expire 1 Year from Today's Date, New Forms Will Need to Be Completed---