

 <p>theSwierClinic</p>	<p>Dr Patrick Swier 1400 Savannah Road Lewes, DE 19958</p> <p>2600 Glasgow Ave, Suite 102 Newark, DE 19702</p>	<p>Pt Name: _____</p> <p>Pt DOB: _____</p> <p>Swier Clinic Acct # _____</p>
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HIPAA Notice of Privacy Practices

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and private practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance officer in person or at the above listed phone number.

If you have biopsy, culture or an excision done, your information will be sent to the following facilities: Beebe Medical Center Pathology, CBL Pathology, Doctor's Pathology, St. Francis Hospital Pathology, or Wilmington Hospital Pathology.

If you are having a surgery your information will be sent to the following surgical locations: Beebe Medical Center, Beebe Outpatient Surgery Center, Glasgow Surgery Center, Lewes Surgery Center, St. Francis Hospital or Wilmington Hospital.

Signature below is only acknowledgement that you have received this "Notice of our Privacy Practices".

Print Patient's Name: _____ DOB: _____

Signature: _____ Date: _____

If patient is a minor or if you are signing as the patient's Power of Attorney:

Print Name: _____ Relationship: _____

If you are signing as the patient's Power of Attorney, you MUST provide a copy of the Power of Attorney to our office upon completion of signing this document and/or any other documents completed in our office. Otherwise, the patient MUST sign all documents in order to be treated in our facility.

For Office Use Only:

Date POA received: _____ Employee Initials: _____ Filed in Pts. Chart ___ Yes ___ No