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## Notice of Privacy Practices

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Privacy Officers: Bonnie J. Hooper, ANP  
 Wm. Wayne Hooper, MD

This notice describes how medical information about you may be used and disclosed, and how you can obtain access to this information. Please review it carefully.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to that information. This notice describes how we may use and disclose your medical information, as well as our legal obligations regarding it. We want to assure you that your medical/protected health information is secure with us.

By law, we are required to provide you with a copy of our privacy practices. You have the right to review this privacy practice in total, as well as to obtain your own copy of it if you so choose.

If you have any questions about this Notice, please contact one of our Privacy Officers listed above.

### ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

*I hereby acknowledge that I have been given the opportunity to review this practice's **Notice of Privacy Practices**. I understand that I will be given my own copy of this notice if I request it, and that if I have questions or complaints regarding my privacy rights, I may contact one of the persons listed above. I further understand that this practice will offer me updates to this notice should it be amended, modified, or changed in any way.*

\_\_\_\_\_ I have been given my own copy of these practices.

\_\_\_\_\_ I have declined my own copy of these practices.

Patient Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient or Representative Signature \_\_\_\_\_