



Pacific Neurosurgery  
45 Castro Street, Suite 421  
San Francisco, CA 94114

**PATIENT'S RIGHTS**

This letter is a notice of privacy practices under current HIPAA regulations. We request that you review these rights and sign below as an acknowledgement of the fact that you've reviewed them.

1. Patients have the right to access their medical records. You may request to inspect your medical records at any time. There is a fee to produce the copies.
2. You have the right to request an amendment or addendum to your medical records as you see fit. Please speak to our office staff if you have questions regarding making such an amendment or addendum upon review of your medical records.
3. You have the right to an accounting of disclosures of your medical records as requested from appropriate parties such as state or federal disability agencies, worker's compensation agencies, or referring physicians. Should you request that your medical records be sent to any other parties, such as attorney's or third parties, you must place in your medical records a release which you sign that allows such release of records to that particular party to take place.
4. You have the right to request restrictions on how we release or communicate information in your medical records. Generally we will make every effort to accommodate reasonable requests for restrictions in release of your medical records to appropriate other parties, such as referring physicians.
5. You have the right to complain about your privacy if you feel that your rights have been violated.

We will make every effort to comply with the HIPAA regulations and respect your privacy regarding your medical records. Please contact me or my staff should you have any further questions regarding this matter.

I acknowledge receipt and review of the above-noted Patient's Right.

Signature	Date
-----------	------