MODERNI CLINIC
PAIN MEDICINE & ORTHOPEDICS

Acknowledgment of Notice of Privacy Practices

Moderni Clinic is committed to protecting the privacy and confidentiality of your protected health information (PHI) in accordance with HIPAA and applicable state and federal law.

Use of Protected Health Information

Your protected health information may be used and disclosed for treatment, payment, healthcare operations, and other uses permitted or required by law. Our complete Notice of Privacy Practices explains how your information may be used, your privacy rights, and our legal responsibilities.

Your Rights

You have the right to inspect and obtain copies of your medical records, request amendments, request restrictions on certain uses or disclosures, request confidential communications, receive an accounting of certain disclosures, and obtain a copy of our complete Notice of Privacy Practices at any time.

Patient Acknowledgment

By receiving services from Moderni Clinic, I acknowledge that I have been provided the opportunity to review the Moderni Clinic Notice of Privacy Practices. I understand this acknowledgment confirms only that the Notice has been made available to me and does not require me to agree with every provision contained within it. A paper copy is available upon request.

Questions

Moderni Clinic
(651) 440-0839
cynthia@moderniclinic.com

Move Better. Live Pain Free.