

NOTICE OF PRIVACY PRACTICES

Heidi Rasmussen MD  
The Garden  
434 Church Street  
Saratoga Springs, NY 12866

I acknowledge that I have been given access to the privacy policy of Heidi Rasmussen MD. This policy is posted on the web site at HeidiRasmussenMD.com and a printed copy may be requested.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Name: \_\_\_\_\_

Email is a convenient form of communication between a patient and his or her health care provider. I understand that there may be some security issues with email and that this method of communication may not be strictly private.

\_\_\_\_\_ Email is an acceptable form of communication for me. I understand the potential risks associated with this form of communication in the context of the privacy policy and HIPPA laws.

\_\_\_\_\_ I would prefer that email not be used for communication.

Signature: \_\_\_\_\_ date: \_\_\_\_\_