

NOTICE OF PRIVACY PRACTICES

Sean L. Kimball DO
The Garden Therapeutic Services
434 Church St.
Saratoga Springs, NY 12866

I acknowledge that I have been given access to the p[ri]vacy policy of Sean L. Kimball DO. This policy is posted on the website seankimballdo.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 HIPAA laws.

_____ I would prefer the email not be used for communication.

Signature: _____ Date: _____