

**NOTICE OF PRIVACY PRACTICES  
&  
EFFORTS TO PROTECT MY HEALTH INFORMATION**

I received an online brochure from Dr. Aylor outlining her efforts to safeguard my PHI (Protected Health Information) under the guidelines of HIPAA (Health Insurance Portability and Accountability Act of 1996, Revised 2013).

I have read this brochure and am familiar with my doctor's abilities and limitations protecting my private health information.

I received a digital copy of this brochure which I am able to print out for my reference.

I understand that Dr. Aylor has printed versions available to provide me should I so desire.

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SIGNATURE

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DATE