



**Columbus Oncology
& Hematology**
Serving Ohio Since 1987

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NOTICE OF PRIVACY PRACTICES

PATIENT ACKNOWLEDGMENT FORM

Our Notice of Privacy Practices (“**Notice**”) provides information about: (1) the privacy rights of our patients; and (2) how we may use and disclose Protected Health Information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) to Privacyofficer@coainc.cc or a letter to:

Privacy Officer: Dr. Joseph Hofmeister, MD
Columbus Oncology Associates, Inc
810 Jasonway Ave, Suite A
Columbus, OH. 43214
Phone: (614) 442-3130
Email: Privacyofficer@coainc.cc

By signing this form, you are only acknowledging that you have been provided our Notice.

Signature of Patient or Authorized Representative

Date

Print Name of Patient/Authorized Representative