



**J. Michael Calhoun, M.D., P.A.**

*Surgery of the Spinal Cord and Peripheral Nerves*

4020 Richards Rd, Suite I  
North Little Rock, AR 72117  
Phone (501) 353-2123  
Fax (501) 771-4672

**NOTICE OF PRIVACY PRACTICES**

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We will use and disclose your protected health information for treatment, payment and healthcare operations. We request that you read our notice of privacy practices. Additional copies are located in your Provider's waiting area.

I have received a copy and agree to J. Michael Calhoun, MD's notice of privacy practices.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_