

## PDF instructions

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Each fillable field includes instructions for what information to add. The instructions are also listed here.

The field on page 7 of the Booklet Notice and page 4 of the Full Page and Layered Notices is for special notes to add *if* they apply to your entity. If notes are not needed, the field can be left blank. However you must click inside the field and add a word space to delete the instructions so they will not print.

If fields are not highlighted when you open the PDF, click on "Highlight Fields" in the upper right corner.

### Editing Text Field Properties

To change the point size for the fillable fields, you must use Acrobat Professional version 8, 9, X or XI. Follow these instructions for changing the Text Field Properties:

1. Under the Forms menu, select **Add or Edit fields...**
2. Double-click on the field you'd like to edit to view the **Text Field Properties** dialog box.
3. Select the **Appearance** tab. In the Text section, change the Font Size using the pop-up menu or type in the point size you'd like to use.
4. Click **Close** in the bottom right corner of the Appearance window.
5. Under the Forms menu, select **Close Form Editing**. Then add your text as needed. It will appear in the new font size you've selected.

## Booklet Notice for Health Care Providers

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**Page 1 • Instruction A:** Insert the covered entity's name

**Page 7 • Instruction B:** Insert any special notes that apply to your entity's practices such as "we do not create or manage a hospital directory" or "we do not create or maintain psychotherapy notes at this practice."

*Instruction C: The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures. For example, "We will never share any substance abuse treatment records without your written permission." Insert this type of information here. If no laws with greater limits apply to your entity, no information needs to be added.*

*Instruction D: If your entity provides patients with access to their health information via the Blue Button protocol, you may want to insert a reference to it here.*

**Page 8 • Instruction E:** If your entity is part of an OHCA (organized health care arrangement) that has agreed to a joint notice, use this space to inform your patients of how you share information within the OHCA (such as for treatment, payment, and operations related to the OHCA). Also, describe the other entities covered by this notice and their service locations. For example, "This notice applies to Grace Community Hospitals and Emergency Services Incorporated which operate the emergency services within all Grace hospitals in the greater Dayton area."

*Instruction F: Insert the covered entity's name, address, web site and privacy official's (or other privacy contact) email address and phone number.*

*Instruction G: Insert Effective Date of Notice here.*

## Full Page and Layered Notices for Health Care Providers

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**Page 1 • Instruction A:** Insert the covered entity's name

*Instruction B: Insert the covered entity's address, website and privacy official's phone and email address and other contact information*

**Page 4 • Instruction C:** Insert any special notes that apply to your entity's practices such as "we do not create or manage a hospital directory" or "we do not create or maintain psychotherapy notes at this practice."

*Instruction D: The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures. For example, "We will never share any substance abuse treatment records without your written permission." Insert this type of information here. If no laws with greater limits apply to your entity, no information needs to be added.*

*Instruction E: If your entity provides patients with access to their health information via the Blue Button protocol, you may want to insert a reference to it here.*

**Page 5 • Instruction F:** Insert Effective Date of Notice here.

*Instruction G: If your entity is part of an OHCA (organized health care arrangement) that has agreed to a joint notice, use this space to inform your patients of how you share information within the OHCA (such as for treatment, payment, and operations related to the OHCA). Also, describe the other entities covered by this notice and their service locations. For example, "This notice applies to Grace Community Hospitals and Emergency Services Incorporated which operate the emergency services within all Grace hospitals in the greater Dayton area."*

*Instruction H: Insert name or title of the privacy official (or other privacy contact) and his/her email address and phone number.*