

**Keith Jackson, MD**  
**8010 Frost Street #503**  
**San Diego CA 92123**

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

I hereby acknowledge that Keith Jackson M.D. has provided me with an explanation of his Notice of Privacy Practices in compliance with the HIPAA Patient Privacy Act.

I understand my rights regarding the handling of my Protected Health Information as a patient of Keith Jackson M.D.

Keith Jackson M.D. is participating in San Diego Health Connect to better coordinate our patient's healthcare through the sharing of clinical information.

By default, all records of Keith Jackson M.D. are included in San Diego Health Connect. If you do not want your information shared, please check the box below:

No

Patient's Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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