NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

In general, the HIPAA privacy rule allows an individual the right to request a restriction on the uses and disclosures of their Protected Health Information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office or via fax instead of the individual's home. HIPAA Privacy Notice for Marketing and Third Party communications.

*Our HIPAA Statement Notice of PrivacvPractices available upon request.

Patient's Name: ______________________________

HIPAA Approved Contact:

Parent/Legal Guardian Name: ____________________ **Relationship**__________ **DOB** ______________

Phone #: ____________________ **SSN**______________

Parent/Legal Guardian Name: ____________________ **Relationship**__________ **DOB** ______________

Phone #: ____________________ **SSN**______________

I wish to be contacted in the following manner (Check all that applies):

____Home Telephone: ____________________

___ OK to leave a message with detailed information

___ Leave Message with call-back number

____Work Telephone: ____________________

___ OK to leave message with detailed information

___ Leave Message with call-back number

_____ Written Communications

____ OK to mail to my home address

____ OK to mail to my work address

Email: ____________________

Cell #:____________________

Other: ____________________

Please list below the name(s) of individual(s) you authorized our office to discuss your Personal Health Information (PHI) with including all physicians:

______________________________ ______________________________

Signature: ______________________ **Date:** ______________________

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