

# Notice of Privacy Practices Written Acknowledgment Form

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

## Release of Information

I authorize the release of information including the diagnosis, records, and examination rendered to me and claims information. This information may be released to:

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Child(ren): \_\_\_\_\_ DOB: \_\_\_\_\_  
 Other: \_\_\_\_\_ DOB: \_\_\_\_\_

I do not authorize the release of information to anyone.

## Communication

I wish to be contacted in the following manner:

Home Phone                       Work Phone                       Cell Phone

If unable to reach me:

You may leave a detailed message  
 Please leave a message asking me to return you call

## Parent/Legal Guardian of Minors

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

In general, the HIPPA 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 alternate means, such as sending correspondence to the individuals office or via fax instead of the individual's home. HIPPA Privacy Notice for Marketing and Third Party communications.

\*Our HIPPA Statement Notice of Privacy Practices is available upon request.

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

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