

ACKNOWLEDGEMENT OF:

- 1. RECEIPT OF PRIVACY NOTICE**
- 2. EXCEPTION TO THE RELEASE**
- 3. REQUEST TO RESTRICT**



1. We are required by law to provide you with a copy of our *Notice of Privacy Practices*. To ensure that our records are accurate, please complete and sign this form and return it to our receptionist to acknowledge that you have been provided with a copy of our Notice. Also, please be advised we may use and disclose de-identified health information for purposes of data collection and statistical analysis. De-identified information is Protected Health Information ("P.H.I.") from which all personal identification has been removed. This means that the health information can no longer be identified as yours and is no longer considered protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Date: _____ Date of Birth: _____

Print name of patient: _____

Signature of patient: _____

Or, if applicable,
Print name of legal representative: _____

Description of legal representative's authority: _____

Signature legal representative: _____

CONTACT INFORMATION

Please print the contact information of the patient or legal representative who signed this form:

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening Telephone: _____

Preferred Contact Phone Number: _____

2. **Exception for Disclosure** (Individuals to whom P.H.I. may be released or method of release; example: cell phone, voice mail...)

I authorize the following people to be involved in my care that may require a disclosure of P.H.I. This consent for disclosure includes both health and financial information as it relates to my care.

Individual's Name (Please Print) *Relationship to Patient*

3. **Restriction for the disclosure of Protected Health Information** (Individuals to whom P.H.I. **cannot** be disclosed, or method by which information cannot be disclosed; example: e-mail, postcard...) Please be specific in explanation and print neatly.

For Practice Use Only

Signature of Employee receiving request: _____ Date Received _____

Request for restriction/exception has been Approved Denied Reason for denial: _____

Signature of Privacy Officer _____ Date _____