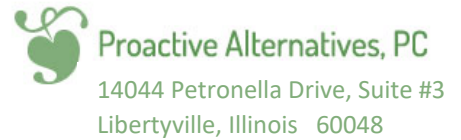


## Patient HIPAA Acknowledgement and Designation Disclosure Form



My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996. (HIPAA) I understand that this information explains:

- How this office will use and disclose my protected health information.
- My privacy rights with regard to my protected health information.
- This office's obligations concerning the use and disclosure of my protected health information.

I have been given the right to review and receive a copy of the *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I understand that the *Notice of Privacy Practices* may be revised from time to time and that I am entitled to receive a copy of any revised *Notice of Privacy Practices* upon request. A copy of the *Notice of Privacy Practices* can be found online, or at our office. You may contact the Secretary of the U.S. Department of Health and Human Services with any concerns regarding our privacy and security policies and procedures.

### Disclosures to Friends and/or Family

If you wish to designate a family member or other individual with whom the provider or staff may discuss your medical condition(s), provide the information below. You may revoke or modify this specific authorization, but you must do so in writing.

NAME	RELATIONSHIP	CONTACT NUMBER

### Patient or Personal Representative Acknowledgment of Receipt of Notice of Privacy Practices

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

Name (print): \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

### FOR OFFICE USE ONLY

We made a good-faith effort to obtain an acknowledgement of \_\_\_\_\_'s receipt of our Notice of Privacy Practices. In spite of these efforts, our office has been unable to obtain a signed acknowledgment of receipt for the following reasons (check all that apply):

- Patient refused to sign (date of refusal) \_\_\_\_\_.
- An emergency situation prevented us from obtaining an acknowledgment.
- Other

Attempt was made by: \_\_\_\_\_ Date: \_\_\_\_\_