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HIPAA RELEASE FORM

The regulations that apply to the privacy of health information became effective on April 14, 2003. This office is covered by those regulations, which in part, require that we give you a copy of our Notice of Privacy Practices at the time of your first office appointment after that date and that we make a good joint effort to obtain your signed acknowledgment of receiving the copy.

HIPAA Privacy policy 007 states "the patient must be given an opportunity to agree, restrict, or object to providing protected health information to family members, friends, and/or other persons identified by the patient as involved in the patient's care or payment for health care". Please document your decision below:

 YES: The doctor or his designated staff can discuss treatment/care with family members, caretaker, friends, etc., may use any of the phone numbers listed, may leave general messages for me if needed, may send mail to my home address.

 NO: The doctor or his designated staff cannot discuss treatment/care with anyone except as below.

Exceptions/Comments:

A: Other than myself, my health care providers and my insurance company may talk to only the following people about my health care information:

1. _____ Relationship: _____ Phone #: _____

2. _____ Relationship: _____ Phone #: _____

B: Please use only the following number(s) to contact me: _____

C: Please do not leave any messages for me except at: _____

D: Please do not mail anything to my home address. My alternate address is:

I acknowledge that I have been given the opportunity to request restrictions on the use and/or disclosure of my protected health information.

Patient/Representative Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient: _____