

# Patient Acknowledgement of Receipt of Notice of Privacy Practices and Consent/Limited Authorization & Release Form

*You may refuse to sign this acknowledgement and authorization.  
In refusing we may not be allowed to process your insurance claims.*

\_\_\_\_\_  
DATE

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility. A copy of this signed, dated document shall be as effective as the original. My signature will also serve as a PHI document release should I request treatment or radiographs be sent to other attending doctor/facilities in the future.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Legal Representative**

## **Please list any other parties who can have access to your health information:**

(This includes step parents, grandparents and any caretakers who can have access to this patient's records)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

## **I authorize contact from this office to confirm my appointments, treatment & billing information via:**

- Cell Phone Confirmation    Text Message To My Cell Phone  
 Home Phone Confirmation    Email Confirmation

## **I authorize information about my health to be conveyed via:**

- Cell Phone Confirmation    Text Message To My Cell Phone  
 Home Phone Confirmation    Email Confirmation

*In signing this HIPAA Patient Acknowledgement Form, you acknowledge and authorize, that this office may recommend products or services to promote your improved health. This office may or may not receive third party remuneration from these affiliated companies. We, under current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.*

## **OFFICE USE ONLY**

As privacy officer, I attempted to obtain the patient's (or representative's) signature on this Acknowledgment but did not because:

- It was emergency treatment    I could not communicate with the patient    The patient refused to sign  
 The patient was unable to sign    Other (please describe): \_\_\_\_\_

\_\_\_\_\_  
**Signature of Privacy Officer**