

1355 E Home Road
Springfield, OH 45503
937-390-2440



Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information, I understand that this information can and will be used to:

Conduct, plan, and direct my treatment and follow up among the multiple healthcare providers who may be involved in that treatment directly and indirectly, obtain payment from third-party payers and conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____

Signature: _____

Responsible Party: _____

Relationship to Patient: _____
(if patient is a minor)

Date: _____

Office Use Only

I attempted to obtain the patient's signature in acknowledgement on the Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date	Initials	Reason
_____	_____	_____
_____	_____	_____

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Release of Information

I authorize the release of information including the diagnosis, records, completed treatment, upcoming treatment, account, and claims information to:

Spouse: _____ Child(ren): _____

Other: _____

This Release of Information will remain in effect until termination by me in writing.

Messages

Please call:

_____ My Home

_____ My Work

_____ My Cell _____

If unable to reach me:

_____ You may leave a detailed message

_____ You may leave a message asking me to return your call

_____ Other option _____

The best time to reach me is _____

Signed: _____ Date: _____

Witness: _____ Date: _____