



HIPAA PRIVACY ACT

(The Health Insurance Portability and Accountability Act of 1996)

This notice is to inform you that we are unable to release any information about you to anyone except for your insurance company for the purpose of billing and to your primary care physician or your referring physician. This is in keeping with the HIPAA Privacy Act that became effective June 10, 2002. A "notice of Privacy Practices" information sheet is available to you at your request.

If there is someone that you would like us to be able to speak with to assist you in your medical care such as a spouse, sibling, parent, or child, we ask that you write their names below. You are able to delete or add names as you wish to this list. The people listed below are the only ones who will be allowed information regarding your care.

RECIPIENT OF INFORMATION:

1. NAME: _____ RELATIONSHIP: _____
2. NAME: _____ RELATIONSHIP: _____
3. NAME: _____ RELATIONSHIP: _____
4. NAME: _____ RELATIONSHIP: _____
5. NAME: _____ RELATIONSHIP: _____
6. NAME: _____ RELATIONSHIP: _____
7. NAME: _____ RELATIONSHIP: _____
8. NAME: _____ RELATIONSHIP: _____

SIGNATURE: _____ DATE: _____

**** Patient may refuse to sign the HIPAA Privacy Act agreement without affecting their care ****