



HIPAA OMNIBUS RULE

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT/LIMITED AUTHORIZATION AND RELEASE FORM

*You May Refuse To Sign This Acknowledgement

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.

Patient's First and Last Name

Date of Birth

Legal Representative/Guardian

Relationship of Legal Representative/Guardian

Your comments regarding Acknowledgements or Consents:

Patient/Guardian Signature

PLEASE LIST ANY OTHER PARTIES WHO CAN HAVE ACCESS TO YOUR HEALTH INFORMATION:
(This includes step parents, grandparents and any care takers who can have access to this patient's records.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I AUTHORIZE CONTACT FROM THIS OFFICE TO CONFIRM MY APPOINTMENTS, TREATMENT AND BILLING INFORMATION VIA:

- Cell Phone Confirmation
- Home Phone Confirmation
- Work Phone Confirmation
- Text Message to my Cell Phone
- Email Confirmation
- Any of the Above**

I AUTHORIZE INFORMATION ABOUT MY HEALTH BE CONVEYED VIA

- Cell Phone Confirmation
- Home Phone Confirmation
- Work Phone Confirmation
- Text Message to my Cell Phone
- Email Confirmation
- Any of the Above**

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.**

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice Of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)
