

### Patient Acknowledgement and Consent Form

Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To Comply with one of HIPAA’s requirements we are giving you a copy of our notice of privacy practices. This notice of privacy practices contains the information that HIPAA requires us to disclose regarding our privacy practices.

It may be necessary for us to make disclosures of your information in connection with your treatment.

*Please sign this form below to acknowledge that you have either received or reviewed a copy of our notice of privacy practices and to consent to our disclosures of your information that we deem necessary in order to provide you with proper treatment. Copies of our notice of privacy practices can be found in our office or on our website.*

I acknowledge that I have either received or reviewed a copy of the notice of privacy practices.

I consent to your disclosures of my information, which you deem necessary in connection with my treatment.

\_\_\_\_\_  
**Patient signature**

\_\_\_\_\_  
**Patient name (Please print)**

\_\_\_\_\_  
**Today’s date**

### Release of Information

If we are unable to speak directly to you concerning matters pertaining to your care, please check the following communication preferences as well as list designated individuals with whom we may discuss your care.

- Please only leave a name and number asking me to return your call
- You may text me at the cell phone number provided on my health history form
- You may email me at the address provided on my health history form
- Information is **NOT** to be released to anyone other than me

You may discuss care with the following individuals regarding my care (Spouse, parent, adult child, caregiver, etc.)

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Relationship