



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 your insurance company for the purpose of billing and to referring agencies for medical treatment. This is in keeping with HIPAA that became effective June 10, 2002. A "notice of Privacy Practices" information sheet is available to you at your request.

If there is someone you would like us to speak with to assist you in your medical care such as a family member, case worker, friend, other medical offices, we ask that you write their names below. You may delete or add to this list at any time by contacting the office. The people listed below are the only ones who will be allowed information about your care.

RECIPIENT OF INFORMATION:

NAME:	RELATIONSHIP:
_____	_____
NAME:	RELATIONSHIP:
_____	_____
NAME:	RELATIONSHIP:
_____	_____
NAME:	RELATIONSHIP:
_____	_____
NAME:	RELATIONSHIP:
_____	_____
NAME:	RELATIONSHIP:
_____	_____
NAME:	RELATIONSHIP:
_____	_____
NAME:	RELATIONSHIP:
_____	_____

SIGNATURE	DATE
_____	_____
PRINT NAME	

***patient may decline signing of HIPAA Privacy Act agreement without affecting treatment or care.