

In our efforts to comply with the Health Insurance Portability and Accountability Act (HIPAA), we need to certain that we guard your privacy according to your wishes when it comes to you family, friends, and co-workers.

Please circle your response to the following:

May we leave messages concerning your appointments with a co-worker, receptionist, or secretary that regularly answer your calls? YES NO N/A

May we leave message on a voice mail at work? YES NO N/A

May we discuss your appointment, treatment or financial issues with your spouse?

Spouse's name: _____ YES NO N/A

If you are over the age 18, still living at home, may we discuss your appointments, treatments or financial issues with your parent(s) or guardian?

Parent(s) Guardian name: _____ YES NO N/A

If you are over the age 18, may we discuss your appointments, treatment or financial issues with your children?

Childs name: _____ YES NO N/A

May we correspond with you via email? YES NO N/A

Your email: _____@_____

You must inform us, in writing, of any changes in your directives. This consent takes effect on the date indicated below and will be kept in your file along with your acknowledgement of receipt of your Notice of Privacy Practices.

Signature: _____ Date: _____

Print Name: _____ Date of birth: _____