

HIPAA Notice of Privacy Practices Written Acknowledgement Form

Our Notice of Privacy Practices (NPP) provides information about how we may use and disclose medical information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may request a revised copy.

I, _____, **(please print patient name/parent or legal guardian's name)** have been provided access to a copy of Ear, Nose and Throat, LTD's NPP for review.

This acknowledgement form will be in effect until otherwise revoked by me in writing.

I understand that I may ask questions to the privacy officer if I do not understand any information contained in the NPP.

As stated in the NPP, the provider is authorized to discuss current clinical issues and billing/balance information in person or via phone with me in front of the following: *(Please check the appropriate boxes.)*

Phone In-Person

<input type="checkbox"/>	<input type="checkbox"/>	Spouse: _____
<input type="checkbox"/>	<input type="checkbox"/>	Parent(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Sibling(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Friends: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Patient/Guarantor/Legal Guardian Signature

Date

Patient ID Number