



HIPAA OMNIBUS RULE

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

Date: _____

The undersigned acknowledges a copy of the currently effective Notice of Privacy Practices for this healthcare facility is available upon request. A copy of this signed and dated document shall be as effective as the original.

My signature will also serve as a PHI document release should I request treatment of radiographs be sent to another attending doctor/facility in the future.

Patient Name (print): _____

Patient Legal Representative/Guardian (print): _____

Patient/Guardian Signature: _____

Relationship of legal representative/guardian to patient: _____

Please list any other parties who can have access to your health information:

(You will want to include parents (if patient is 18+), stepparents, grandparents, spouse, boyfriend/girlfriend, and any care takers who you want to have access to this patient's records)

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

I authorize **information about my health** be conveyed via

- Cell phone confirmation
- Home phone confirmation
- Work phone confirmation
- Any of the above

Are we able to leave a detailed message if we get a voicemail?

- Yes No

I authorize this office to post pictures of my child or myself in and or outside of the office, including social media sites if permission is verbally obtained first.

- Yes No

In signing this HIPAA 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 the current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.

Office Use Only:

As Privacy Officer, I attempted to obtain the patient's (or representatives) signature on this Acknowledgement, but did not because:

It was Emergency treatment	The patient was unable to sign
I could not communicate with the patient	Other (Please describe)
The patient refused to sign	

Signature of Privacy Officer: _____