

Houston Family Practice

1200 Binz, Suite 175 * Houston, Texas 77004 * 713-520-6016

Notice of Privacy Practices Acknowledgement

I understand that under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct treatment and follow-up care among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received your NOTICE OF PRIVACY PRACTICES containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its NOTICE OF PRIVACY PRACTICES from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the NOTICE OF PRIVACY PRACTICES.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my request restriction, but if you do agree, then you are bound to abide by such restrictions.

(Print)

Patient Name: _____ Birthdate _____

Signature _____ Date _____

Relationship

To Patient: Self Parent Legal Guardian

If patient is a minor:

Parent or Guardian PRINT NAME: _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Persons who are involved in your care (family, friends, etc.) may inquire about your treatment, results, and other matters pertaining to your healthcare. Please let us know what other people we may share information with.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

From time to time we will leave a message for you on an answering machine, voice mail or with another individual in your absence. Is it ok for such message to include details (such as diagnosis, test results, appointment reminder, etc.)?

Please circle one: Yes No

Signature _____ Date _____