

Notice of Privacy Practices Acknowledgment
Sierra Nevada Family Medicine/Sierra Nevada Wellness Center

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practices. I also understand that this practice has the right to change its Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

I hereby authorize the following individuals to have access to my medical and health information:

***(PLEASE write "no-one" if you do not wish to authorize anyone to have access...Thank you! ☺)**

PLEASE NOTE The above person(s) will be allowed to call or speak on your behalf. (For example: a spouse). Do not list entities such as other doctor's offices. Only the individuals above may call or receive information on your behalf.

In Compliance with the HIPAA laws, it is important for Sierra Nevada Family Medicine to know where we may leave information for you. This may include appointment information, payment and billing information, test results, and referral information. Please indicate below which locations we may reach you and/or leave messages regarding the aforementioned information. Please also update any info that may have changed.

Email (**preferred**): _____

If you select this option, we will send secure emails, compliant with HIPAA privacy policies, containing information on your care. This will allow us to send you additional details and confirm their receipt.

(PLEASE list phone numbers**)	OK to call	OK to leave message
Home	_____	_____
Cell	_____	_____
Work	_____	_____
Spouses Cell	_____	_____
Spouses Work	_____	_____
Other	_____	_____

Patient Name (print)

Date

Signature

Office Use Only We have made the following attempt to obtain the patient's signature acknowledging receipt of the Notice of Privacy Practices: Staff Name: _____

Date: _____ Attempt: _____