WIGGINGTON ROAD
FAMILY PRACTICE

Alan M. Podosek, M.D.
Harb L. Rank, M.D.
Nathan H. Christian, D.O.

Privacy Practices Acknowledgement

Acknowledgement Form

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____ Birth date _____

Signature _____

Date _____

113 Wiggington Road • Lynchburg, Virginia 24502 • Phone: 434.385.7578 • Fax: 434.385.9756

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Patient Record of Disclosures

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that applies):

___Home Telephone _____ ___Written Communications

___ OK to leave message with detailed information ___mail to home address

___Leave message with call back number only ___mail to work address

___fax _____

___Work Telephone _____

___Other _____

_____ _____
Patient signature Date

_____ _____
Print name date of birth

The privacy rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of PHI to a minimum and for what is necessary to accomplish the intended purposes. We will only disclose PHI to individuals who are authorized by the permission granted to us by the patient.

Please list below all individuals to whom you give us permission to disclose your protected health information:

Name/Relationship	**Phone**

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