

Notice of Private Practices

Due to insurance Portability and Accountability Act (HIPPA) of 1996, the following information must be filled out by each patient.

- 1) For treatment we may use your medical records or information to provide you with healthcare treatment of services

Yes

No

- 2) We may disclose your medical records/ information to doctors , nurses, technicians, health students or other personnel who are involved in taking care of you.

Yes

No

Whom can we discuss or release information about your care, treatment or diagnosis

Name

Relationship

Phone

1

2

3

May we leave a message at home cell or work? Please provide us with numbers that we can test you. Yes or No