HIPAA Acknowledgment and Appointment Reminders Form

I acknowledge that Susan Monaco, C.A. has provided me with a "Notice of Privacy Practices". I understand I have a right to review Susan Monaco's "Notice of Privacy Practices" prior to signing this document. The "Notice of Privacy Practices" Center is also provided on request.

Members of the staff may need to contact you with appointment reminders or information related to your treatment. If this contact is made by phone, and you are not home, a message will be left on your answering machine or with whoever answers the phone. By signing this form you are giving us authorization to contact you with these reminders and information

_____

Patient Name (printed) *Date*

_____

Patient Signature *Date*

_____

Privacy Officer: Susan Monaco, C.A. *Date*

Authorization for Release of Health Information (Optional)

I, _____, hereby authorize Susan Monaco, C.A. to use or disclose of my individually identifiable health information as described below. I understand this authorization is voluntary. I understand that if the organization authorized to receive my information is not a health insurance plan or healthcare provider, the released information may no longer be protected by federal privacy regulations.

Persons/Organizations authorized to receive information: (please print)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

_____ _____

Patient Signature *Date*

Susan Monaco, C.A.
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