

HIPAA ACKNOWLEDGEMENT

SUBURBAN PULMONARY MEDICINE, P.C.

Patient Name (printed): _____ DOB: _____

HIPAA is an acronym for the Health Insurance Portability & Accountability Act of 1996, a federal law. The Administrative Simplification section of this Act is of concern to our practice and requires us to comply with specific rules regarding:

- Unique Identifiers for health plans, providers, individuals and employers
- Healthcare Transactions & Code Sets for transmitting electronic data
- Privacy Regulations over disclosure and use of health information
- Security Regulations over protections of electronic health information

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Suburban Pulmonary Medicine, P.C. Our notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

I acknowledge receipt of the Notice of Privacy Practices of Suburban Pulmonary Medicine, P.C.

Patient Signature: _____ Date: _____

If you would like to have your medical information released to someone other than yourself, please complete the following:

I authorize Suburban Pulmonary Medicine, P.C. to leave medical information pertaining to my care by the following methods and will assume responsibility to notify whenever this information changes.

Home Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Answering Machine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Voicemail	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list authorizations:

Spouse	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sibling	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Friend	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No