
PATIENT HIPAA AUTHORIZATION & 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).

INFORMATION DISCLOSURE AUTHORIZATION

I, _____ (name of patient) hereby give authorization to Nawada Plastic Surgery for the release of information concerning the status of my health care including appointments, test results, and healthcare status with the following people:

- | | |
|--|----------------------------------|
| 1) _____
Name of authorized individual (i.e. friend or family member) | _____
Relationship to patient |
| 2) _____
Name of authorized individual (i.e. friend or family member) | _____
Relationship to patient |
| 3) _____
Name of authorized individual (i.e. friend or family member) | _____
Relationship to patient |
-
-

ACKNOWLEDGEMENT OF NOTICES

By initialing each line item below, I acknowledge that I have received the following notices:

- _____ Patient's Bill of Rights and Responsibilities
- _____ Notice of Policy Regarding Advanced Directives
- _____ Disclosure of Ownership
- _____ Notice of Privacy Practices
- _____ Non-Discrimination Policy
- _____ Credit Card Authorization Form

Patient/Guardian Signature

Date

Patient/Guardian Name Printed