MEDFAST URGENT CARE CENTERS

All Locations

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

I,_____ have been informed a copy of MEDFAST URGENT CARE CENTERS, ***Notice of Privacy Practic***e, is posted in the waiting room. A copy of this Notice will be furnished to me upon my request.

HIPAA is an acronym for Health Insurance Portability & Accountability Act of 1996, (A Federal Law.) Of Significant concern to healthcare organizations is the Administrative Simplification section of the Act, which requires healthcare organizations to comply with specific rules regarding:

Unique identifiers for health plans, providers, individuals, employers
Healthcare transactions & code sets for transmitting data electronically
Privacy regulations over disclosure and use of health information security
Security regulations over protections of electronic health information

It is our policy to **not** release confidential and/or unauthorized information except appointment confirmation by home telephone answering machine, work telephone, voice mail, cell phone and/or pager: Whenever returning phone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the phone. If you would like to have information released to someone other than yourself, please complete the following:

I authorize MEDFAST URGENT CARE CENTERS to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes.

Home Telephone	☐ YES	☐ NO	Voice Mail	☐ YES	☐ NO
Answering Machine	☐ YES	☐ NO	Cell Phone/Voice Mail	☐ YES	☐ NO
Work Telephone	☐ YES	☐ NO	Pager	☐ YES	☐ NO

May we fax medical records for referrals? ☐ YES ☐ NO

Please list names of people we can discuss your medical care with:

Name Relationship Phone #

_____

_____

_____

Patient Signature_____ Date :_____/____/_____

Parent/Guardian Signature_____ Date: _____/____/_____
(if patient is a minor)