



## HIPAA Notice of Privacy Practices Written Acknowledgement Form

Our Notice of Privacy Practices (NPP) provides information about how we may use and disclose medical information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may request a revised copy.

I have been provided access to a copy of Ear, Nose & Throat Surgical Associates, S.C. NPP for review.

This acknowledgement form will be in effect until otherwise revoked by me in writing.

I understand that I may ask questions to the privacy officer if I do not understand any information contained in the NPP.

The provider is authorized to discuss current clinical issues and billing/balance information with the following:

Spouse: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Sibling(s): \_\_\_\_\_

Child: \_\_\_\_\_

Other: \_\_\_\_\_

Information is not to be released to anyone other than myself.

Name of Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If signed by someone other than the patient:**

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

