PATIENT PRIVACY POLICY ACKNOWLEDGEMENT FORM

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to Protected Health Information (PHI). In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosure of their PHI. The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home. If you have any objections to this form, please ask to speak with our HIPAA compliance officer in person or by phone at (423) 622-2494.

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☐ Written Communication Information ☐ O.K to mail to my home Information ☐ O.K to mail to my work O.K to fax to this number
Other
nformationr only
Information to the individuals/family members
ology & Associated to verbally, or with written consent, ividuals
Relationship to Patient
ncology & Associated to release any or all of my PHI to any above.
Date