HUNTERDON OTOLARYNGOLOGY & Allergy Associates

Patient's Name: _____ Date of Birth: _____

Receipt of Practice Notices

Hunterdon Otolaryngology and Allergy Associates (HOAA) has Notices regarding their **Privacy Practices** and their **Financial Policy**. I understand that, under the Health Insurance Portability & Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that I may request **in writing** that HOAA restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that HOAA is not required to agree to my requested restrictions.

- ☐ YES, I have received a copy of the Privacy Practices and Financial Policy.
- ☐ NO, at this time I have declined a copy of the Privacy Practices and Financial Policy. I understand that at any time I can request a written copy of this notice or view the policies on our website www.hunterdonent.com.

_____ _____

Patient's Signature Today's Date

_____ _____

Signature of Parent or Legal Guardian (if patient is under age 18 or POA) Today's Date

Preferred Communication

I give my permission to Hunterdon Otolaryngology and Allergy Associates to communication and release my medical information in the following manner described below:

My preferred phone number is: _____ My preferred email: _____

- ☐ I acknowledge that the above # is set up to receive voicemails and accept messages

A **detailed message** may be left on my (please check all that are appropriate):

___Cell Phone ___Work Voicemail ___Home Phone Answering Machine

You may **share** my information with (please mark all applicable options):

- ☐ Any health care provider or facility
- ☐ Family (please provide full names)
  - Parent _____
  - Spouse _____
  - Child _____
  - Sibling _____
  - Other _____
- ☐ I choose not to have any medical information released to anyone but myself.

_____ _____

Patient's Signature Today's Date

_____ _____

Signature of Parent or Legal Guardian (if patient is under age 18 or POA) Today's Date