**HIPAA**

HIPAA refers to the Health Insurance Portability and Accessibility Act, a law enacted by Congress to attempt to guarantee that your health insurance will be available to you if you change jobs or insurance companies. HIPAA also assures that medical and personal information about you is kept confidential. This statement acknowledges that you understand this concept. If you wish to see the a detailed description of our office’s HIPAA policy, please ask a member of our staff for a copy.

**ACKNOWLEDGEMENT OF UNDERSTANDING OF PRIVACY PRACTICES**

**Marsha Seidelman, M.D., LLC**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand the Privacy Practices of Marsha Seidelman, M.D., LLC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

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**VOICE MAIL MESSAGE AUTHORIZATION**

Please indicate below if you authorize employees of Marsha Seidelman, M.D., LLC to convey information about your health care to you or your representative via VOICE MAIL MESSAGE.

AT HOME/ON CELL: YES NO AT WORK: YES NO

IF YES, PLEASE CHECK APPROPRIATE BOX: IF YES, PLEASE CHECK APPROPRIATE BOX:

\_\_\_\_\_\_\_\_ Normal lab/test result notification only \_\_\_\_\_\_\_\_ Normal lab/test result notification only

\_\_\_\_\_\_\_\_ A detailed message regarding results \_\_\_\_\_\_\_\_ A detailed message regarding results

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**DISCLOSURE TO FAMILY/FRIENDS**

\_\_\_\_\_\_\_\_ I do NOT permit Marsha Seidelman, M.D., LLC to disclose any information concerning my care or treatment to any individual without my express written consent or legal authorization.

\_\_\_\_\_\_\_\_ I authorize Marsha Seidelman, M.D., LLC to disclose information related to my care and treatment to the following named individuals:

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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OFFICE USE ONLY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a staff member of Marsha Seidelman, M.D., LLC, attempted to obtain the

patient’s signature in acknowledgement of understanding of the Notice of Privacy Practices but was unable to do so because

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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