

Snellville Pediatrics, P.C.

Patient Privacy Act Notice
18 Years Old and Up

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996. In compliance with HIPAA, Snellville Pediatrics, P.C. requires the following information to be completed for each patient.

Unless authorized on this form, it is our policy not to release personally identifiable information on any home, cell, or work phone (including voicemail). Additionally, we require an identifying message on any voicemail that may be authorized before we leave personal information. Our office will call to confirm existing appointments but will follow the above rules should any voicemail need to be left.

Please complete the following sections in order to authorize the ways that we are permitted to release information.

Patient Name

Date of Birth

I may be reached at the following phone numbers and assume responsibility to notify Snellville Pediatrics, P.C. should this information change:

Cell Phone # _____ Voicemail: YES _____ NO _____

I _____, hereby authorize Snellville Pediatrics, P.C. and staff to fax or mail medical information pertaining to me (as listed above) to a referral physician, pharmacy, or hospital and will assume responsibility to notify the office should this information change.

The following people may accompany me to Snellville Pediatrics, P.C., discuss my medical care, and assume medical decision making in your absence:

Name and Relationship

Contact Phone Number

I have been informed that a copy of Snellville Pediatrics, P.C. Notice of Privacy Practices is posted in the office. A copy will be furnished to me upon my request.

Signature

Date

I authorize Snellville Pediatrics, P.C. to use the above listed information to release my information. I assume responsibility to notify the office should any of this information change.

Signature

Print Name

Date