GEORGE R. GOTTLIEB, M.D., P.C. PATIENT PRIVACY ACT NOTICE

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996 (Federal Law). Of significant concern to healthcare organizations is the Administrative Simplification Section of the Act, which requires healthcare organizations to comply with specific rules regarding:

- > Unique Identifiers for health plans, providers, individuals, employers
- > Healthcare Transaction and Code Sets for transmitting data electronically
- > Privacy regulation over disclosure and use of health information
- > Security regulations over protection of electronic health information.

It is our policy to not release confidential information by home telephone, answering machine, work telephone, voice mail, cell phone and/or pager unless authorized by the patient. Whenever returning phone calls and the answering machine picks up, we <u>will</u> leave a message of the practice name, telephone number, and contact on the answer machine of your residence. **Information will not be left with an unauthorized person.** If you would like to have information released to someone other than yourself, please complete the following:

Please list the names of people our staff can discuss your medical care with:

	<u>Print Name</u>			Contact Phon	<u>1e #</u>	
Spouse						
Parent						
Other						
nail medical information pertain physician, and will assume resp		hysician, physical	therapist	t, pharmacy, or refe	to fax o	
Signature of Patient/Guardian	1		Date: _	ite:		
Please sign below, acknowled Practices.	ging <u>you have been offered a</u>	n opportunity to 1	<u>eview o</u>	ur Notice of Priva	<u>cy</u>	
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GEORGE R. GOTTLIEB, M.D., P.C./Notice of Privacy Practices				acknowledgement		
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Signature of Patient (Legal Gua	rdian, if a minor) Date					