Collier Otolaryngology
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Acknowledgement of Receipt
HIPAA Omnibus Rule Consent Form

Our notice of privacy practices provides information about how we may use and disclose "Protected Health Information" or "PHI" about you. You have the right to review our Notice before signing. The terms of our notice may change. If we change our notice, you may obtain a revised copy.

By signing this form you consent to our use and disclosure of protected health information. You have the right to revoke the consent, in writing, and signed by you. However, such a revocation shall not affect any disclosure we may already have made in reliance on your prior consent. Our Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996. (HIPAA)

Patient Name: _____ **Date of Birth**: _____

The office and personnel are authorized to contact the party listed below to discuss and handle my medical care in the event of an emergency or to receive message information on my appointments and test results:

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

May we call you or leave a detailed message on your home answering machine? **Yes** **or** **No**
(Ex. Automated confirmation calls, normal test results, etc.)
May we call you at work and leave you a message to call our office? **Yes** **or** **No**

- You may revoke this consent at any time in writing.
- You may refuse to sign this acknowledgement and authorization, in doing so we will not be allowed to process your insurance claims.

In signing this HIPAA Patient Acknowledgment Form, you acknowledge and authorize, that this office may recommend products or services to promote your improved health. This office may or may not receive third party remuneration from these affiliated companies. We, under the current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.

Patient/Parent Signature: _____ **Date**: _____

(If patient is a minor) Please Print Parent Name: _____

FOR OFFICE USE ONLY

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Office Rep. Signature: _____ Date: _____