HIPAA

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

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
Oser & Tauber, M.D., P.A.

I, _______________________________, have received the Notice of Privacy Practices from Oser & Tauber, M.D., P.A.

____ ______________________

Signature Date

- -

VOICE MAIL MESSAGE AUTHORIZATION

Please indicate below if you authorize employees of Oser & Tauber, M.D., P.A. to convey information about your health care to you or your representative via VOICE MAIL MESSAGE:

AT HOME/ON CELL: YES NO

IF YES, PLEASE CHECK APPROPRIATE BOX:

_____ Normal lab/test result notification only

_____ A detailed message regarding results

AT WORK: YES NO

IF YES, PLEASE CHECK APPROPRIATE BOX:

_____ Normal lab/test result notification only

_____ A detailed message regarding results

- -

DISCLOSURE TO FAMILY/FRIENDS

_____ I DO NOT permit Oser & Tauber, M.D., P.A. to disclose any information concerning my care or treatment to any individuals without my express written consent or legal authorization.

_____ I authorize Oser & Tauber, M.D., P.A. to disclose information related to my care and treatment to the following named individuals:

Name: ____ Relationship: _________________________________

Name: ____ Relationship: _________________________________

Name: ____ Relationship: _________________________________

- -

OFFICE USE ONLY

I, ____________________________, a staff member of Oser & Tauber, M.D., P.A., attempted to obtain the patient's signature in acknowledgement of receipt of the Notice of Privacy Practices but was unable to do so because ____.

____

Signature Date