



***Offer of Notice of Privacy Practices
Written Acknowledgment Form
(HIPPA) 18 Years +***

I, _____ have been offered a copy of the
The Notice of Privacy Practices.

OPTIONS: (1st day of 18th birthday of minor child in practice)

_____ I (the 18 year old) SELF will have sole access to my records.

Name _____
Relationship _____
Email _____

I (the 18 year old old) hereby authorize the following person(s) to have access to my medical record:

Name _____
Relationship _____
Email _____

Name _____
Relationship _____
Email _____

I allow the practice to leave a message for me on my answering machine and/or voice mail. **(Cross out if you do NOT allow this)**

I allow the practice to contact me by telephone/email, text/notifications provided in my Registration and Patient Portal.

I allow the practice to contact me in writing/email for notifications provided in Contact 1 (self) of My Registration and Patient Portal.

Patient Name (Print)

Date

Signature of Patient