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Our office has always supported and recognized our patient's right to expect that their records and other information about their care will be kept confidential. One of the provisions of the HIPAA privacy regulations is that all healthcare providers distribute a "Notice of Privacy Practices". All patients can receive this notice upon request or read the notice posted in the waiting room. Patients are not required to read this notice, but we are asking that you acknowledge that you have received access to this notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient/Guardian)

I hereby assign my health insurance benefits to be paid directly to the provider. I authorize the provider to release any and all information required by my health insurance company. My signature will be kept on file.

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_