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HIPAA Privacy Notice

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)

Assignment of Benefits (Medicare)

I request that payment of authorized insurance benefits be made on my behalf to this office for any services furnished by the physician to me. I authorize any holder of medical information about me to release to health care financing administration and its agents any information needed to determine these benefits of the benefits payable for related services.

Print name _____

Signature _____ Date _____