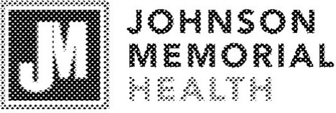

1125 West Jefferson St. | Franklin, Indiana | 46131

PRIVACY NOTICE RELEASE

Patient Name: ____ Date of Birth: ______________________

RECEIPT OF NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I hereby acknowledge that on _____________ I received the Notice of Privacy Practices of Johnson Memorial Health which sets forth the ways in which my personal health information may be used or disclosed by, Johnson Memorial Health and outlines my rights with respect to such information.

Patient signature:____ Date:________________

RELEASE OF PROTECTED HEALTH INFORMATION

It is our policy at Johnson Memorial Health/ the physician group not to release confidential and/or unauthorized information by telephone, answering machine, voice mail, or cell phone. Confidential information will not be left on answering machines or with another person without your authorization.

I authorize Johnson Memorial Healthl the physician group to leave medical information pertaining to my care by the following methods and / will assume responsibility for notifying Johnson Memorial Healthl the physician group whenever this information changes:

Oral Communication:

- ☐ Home telephone______________________
- ☐ Okay to leave message on answering machine including office name
- ☐ Okay to leave message with call back number only
- ☐ Other____
- ☐ Work telephone ______________________
- ☐ Okay to leave message on work voice mail
- ☐ Cell phone __________________________
- ☐ Okay to leave message on voice mail

Written Communication:

- ☐ Okay to mail to home address
- ☐ Okay to mail to alternate address ____
- ☐ Okay to fax to this number ____
- ☐ Other instructions ____

Release of Information:

☐ I permit the physician and his staff to disclose Protected Health Information to the following individuals:

☐ Spouse____

☐ My adult children ____

☐ My personal representative ____

☐ Other ____________________

Additional Instructions:

____

____

Patient Signature: ____ Date: ____________ Time: ___________

Form # 3477305
Revised: 02/21
Owner: Pain Care
Review Date: 02/24