



Your Choice Medical, Ilc

Internal Medicine

21 Storey Avenue, Newburyport, MA 01950 • T 978.358.8777 • F 978.358.7884 • www.yourchoicemedical.org
Kay A. Ficht, MD • Anja M. Comeau, FNP-BC • Melissa K. Maloney, ANP-BC

HIPAA* – PATIENT PRIVACY ACKNOWLEDGEMENT STATEMENT

(please print clearly and check all that apply)

I have been given the opportunity to read and ask questions regarding the HIPAA Privacy Notice. I understand that every effort will be made to protect my private information.

Patient Name: _____ Patient DOB: _____

Home Telephone #: _____

OK to leave message with detailed information

Leave message with call-back number only

Work Telephone #: _____

OK to leave message with detailed information

Leave message with call-back number only

Written Communication:

OK to mail to my home address

OK to mail to my work/office

OK to fax to this number:

Other: _____

I authorize my physician's staff to leave any message relating to appointment confirmation or rescheduling on my home answering machine/service or with a member of my household.

I authorize my physician or physician's staff to communicate and discuss my medical health and conditions, including test results, with the following individuals:

Name: _____ Telephone #: _____ Relationship: _____

Name: _____ Telephone #: _____ Relationship: _____

Name: _____ Telephone #: _____ Relationship: _____

I do not want my medical information shared with anyone.

I agree this acknowledgement is not bound by any expiration date. I understand that this acknowledgment may only be revoked or changed by myself in writing to this office.

Patient signature: _____ Date: _____

* Health Insurance Portability and Accountability Act of 1996