

KLEMENT, JUNGMAN AND VARGA

Dear Patient,

In order for us to stay within the HIPAA guidelines, please list below anyone that you authorize us to disclose information to regarding your Protected Health Information. It is not mandatory that you list anyone. (You do not need to list any of your doctors).

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

Do we have your permission to leave information on your answering machine or voicemail if we are unable to reach you? ____Yes ____No

Patient's Name (Please Print)

Patient or Parent/Guardian Signature

Today's Date _____

KLEMENT, JUNGMAN AND VARGA

Acknowledgement of Receipt of Notice of Privacy Practices

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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