

ALL ABOUT FAMILY MEDICINE
4 W. Township Line Rd.
East Norriton, PA 19401
(phone) 484-416-0800 (fax) 484-416-0660
Dr. Chandira Mendis

Dear Patient,

All About Family Medicine is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations.

The federal privacy regulations of Health Insurance Portability and Accountability Act (HIPAA) have taken effect April 14, 2003. In support of our policy of complying with all applicable regulations, All About Family Medicine provides patients with the HIPAA Privacy Notice of Privacy Rights.

While not required to receive treatment at All About Family Medicine, we are obligated under federal regulations to ask you to sign an acknowledgement of the HIPAA Privacy Notice being made available to you.

Thank you.

RECEIPT OF HIPAA PRIVACY NOTICE

I acknowledge receipt of the Notice of Privacy Rights with detailed information about how All About Family Medicine may use and disclose my protected health information. I understand that All About Family Medicine reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me.

Printed name

Signature of Patient or Parent/Guardian

Please answer the following questions:

May we contact you via email? Yes ___ No ___ Email address: _____

Which telephone number would you prefer us to use? _____

Can we leave a message on your answering machine? _____

Can we leave a message with a family member? _____

If yes, name of household member _____

I understand it is my responsibility to call the office for test results if I have not received a communication after one week.

Office use only: (to be completed only when a patient declines to sign acknowledgement.)

_____ Check here if patient declined to sign acknowledgement

Staff signature: _____ Date: _____

Refusal to sign acknowledgement does not prevent the patient from continuing to be treated. (To be filed in patient's records.)