

PRIVACY PRACTICE ACKNOWLEDGEMENT FORM

I have received the *Notice of Privacy Practices* and I have been provided an opportunity to review it.

Signature _____ Date: _____

In general, the HIPAA Omnibus privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home. Patient billing will be sent to the patient's home unless other arrangements are made. Please let us know how you would like us to communicate with you by completing the questions below:

I would like to be contacted in the following manner (*check all that apply*):

- Home Telephone # _____
 - OK to leave message with detailed information
 - Leave message with call-back number only
 - OK to use fax # _____
- Written Communication
 - OK to mail to my home address
 - OK to mail to my work/office
 - OK to use fax # _____
- Work Telephone # _____
 - OK to leave message with detailed information
 - Leave message with call-back number only
 - OK to use fax # _____
- Cell Phone(s) # _____
 - OK to leave detailed message
 - Leave message with call-back number only
- Email _____
- Other _____

If you would like to give Dr. Oldham and his office staff permission to discuss any of your health information (such as pathology results, pre or post-operative instructions, appointment information, billing issues, etc) with a relative, friend or caretaker, please indicate their name and relationship here:

Names(s) _____ **Relationship(s)** _____

Patient's Signature

Date

ADVANCE MEDICAL DIRECTIVES

Accident or illness can take away a person's ability to make their own health care decisions. Although Bethesda Surgery Center does not honor Advance Directives, it is important for you to have directives in place concerning your health care if you become unable to make these decisions. A Maryland law called the Health Care Decisions Act says you can do health care planning through "advance directives." To receive "A Guide to Maryland Law on Health Care Decisions" (forms included), please ask our receptionist for a copy.

If you currently have an Advanced Medical Directive, please name surrogate decision maker: _____ or check I do not wish to name.