ACKNOWLEDGEMENT/CONSENT
RECEIPT OF PRIVACY PRACTICE

ANDERSON MEDICAL GROUP
RODNEY L. GREELING, D.O. ALAN MEREDITH, PAC

Patient Name _____ Date _____

By signing below, I acknowledge that I have received the *Notice of Privacy Practices* from **Anderson Medical Group/Rodney L. Greeling, D.O. and Alan Meredith, PAC.**

Protected Health Information (PHI)
Anderson Medical Group/Rodney L. Greeling, D.O. and Alan Meredith, PAC HIPAA consent allows us to communicate with immediate family members, other healthcare professionals or healthcare facility(s) to assist in your healthcare.

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, healthcare professional or healthcare facility or other person responsible for your care, about your location and about your general condition or your death.

Communication with Family/Personal Care Representative/Guardian
Using our best judgment, we may disclose to an immediate family member, other relative or close personal friend, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency. This information may be in written form or by telephone.

You may identify specific individual(s) that we may share medical information with verbally, in writing or by phone:_____

_____

Specific description of the information to be used or disclosed, including the specific purpose:

_____

_____

Please complete the information below. We will update your medical records to indicate your request regarding any release.

_____ I authorize you to share medical information as indicated above.

_____ **I DO NOT** authorize you to share medical information as indicated above.

This disclosure will not expire unless we are notified
You may contact our office to change your protected health information at any time.

Signed_____ Date_____
(Patient)

Signed_____ Date_____
(Guardian)

Witness_____ Date_____

Privacy Official:_____ Date_____