



Acknowledgement of Receipt of HIPAA & Privacy Notice

HIPPA Release

I have been presented Urology Clinic of Winchester, PC "HIPPA Privacy Notice" effective September 23, 2013

Name: _____ **Date of Birth:** ____/____/____

Release of Information

I authorize the release of information including diagnosis, records, examination rendered to me and claims information. This information may be release to:

Spouse _____

Child(ren) _____

Other _____

This release of information will remain in effect until terminated by me in writing.

Messages

Please call My home My work My Cell at _____

If unable to reach me:

You may leave a detailed message

Please leave a message asking me to return your call

Other _____

Signed: _____ **Date:** _____

Witness: _____ **Date:** _____