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HIPAA – PATIENT ACKNOWLEDGEMENT/USE and DISCLOSURE FORM

Our Notice of Privacy Practices (NPP) provides information about how The Arrhythmia Institute may use and disclose protected health information (PHI) about you. The practice provides this form to comply with the Health Insurance Portability and Accountability Act (HIPAA). The NPP contains a Patient Rights section describing your rights under the law. Please review the Notice of Privacy Practices thoroughly before signing this acknowledgement form. In the event that terms of the Notice change, a revised copy will be made available to you.

By signing this form, you acknowledge that our Practice may use and disclose PHI about you for treatment, payment and healthcare operations. You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment or healthcare operations.

I have received the Notice of Privacy Practices.

____________________________________ ________________ ________________
Signature of Patient or Legally Authorized Representative   Date of Birth   Date

____________________________________ ______________________________
Printed Name of Patient or Legally Authorized Representative   Legal Relationship to Patient

I give permission for The Arrhythmia Institute to:

_______ Leave a message: call back/contact information only (phone/text#) ________________
(email) ________________

_______ Leave a message: appointment information/time (phone/text#) ________________
(email) ________________

_______ Leave a message: detailed medical info/test results (phone/text#) ________________
(email) ________________

I give permission for The Arrhythmia Institute to share medical information with:

1- Name ________________ Relationship ________________ (Phone #) ________________

2- Name ________________ Relationship ________________ (Phone #) ________________

I assume responsibility to inform the practice of any changes in the above information.

Print Patient's Name	Date
Patient's Date of Birth	Relationship to Patient (if not patient)
Signature	Today's Date