

Jefferson and Associates Psychological Services, P.C.

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Phone: (434) 385-0744

RECEIPT OF NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I hereby acknowledge that I received the Notice of Privacy Practices from Jefferson and Associates Psychological Services, which sets forth the ways in which my personal health information may be used or disclosed by Jefferson and Associates Psychological Services, and outlines my rights with respect to such information.

Patient Signature (if 18 or older) or Legal Guardian Date

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION TO FAMILY MEMBERS AND FRIENDS

		Type of Information Allowed to Disclose (Check one or both)		Method of Disclosure (Check one or both)	
		Medical	Billing	By Phone	In Person
Name	Relationship				

Protected Health Information (PHI) may include information/documents regarding medical/mental health treatment of the patient including but not limited to, diagnosis, procedures, treatment plans, appointments and test results; accounting and billing information including, but not limited to, account balances, payments and payment arrangements, insurance claim status, and third-party financing.

I understand that the Health Insurance Portability and Accountability Act of 1996 (HIPPA), and its implementing regulations govern the terms of this authorization. I understand that I have the right to revoke this authorization in writing, at any time prior to the practice's compliance with the request.

I understand that I am not required to sign this authorization and that my treatment may not be conditioned on the execution of this authorization

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient listed above and will no longer be protected by HIPPA

HIPPA regulations authorize the release of PHI for the purpose of treatment, obtaining payment from third-party payers and the day-to-day healthcare operations of Jefferson and Associates Psychological Services, P.C. Other than those releases authorized by HIPPA, PHI will only be released to persons listed on this authorization, if you choose not to authorize any family members or friends for disclosure of PHI, Jefferson and Associates will not be able to release any information, including appointment or patient billing to anyone other than the patient.

Patient Signature (if 18 or older) or Legal Guardian Date