



Decatur-(256) 350-1965

Huntsville (256) 882-2811

Scottsboro-(256)259-4499

### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this office has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this office at any time to obtain a current copy of the *Notice of Privacy Practices* or by accessing the practice website at [www.decaturation.com](http://www.decaturation.com)

Patient Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please indicate below any persons who you would like to have permission to discuss your medical condition, and any treatment course relating to your medical condition by telephone or in person. This includes picking up prescriptions, samples, handouts, etc., regardless of what has been done in the past.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Because of the new privacy regulation, APAASCNA must obtain your consent to call and/or mail information to your home, therefore, please indicate yes or no to the following:

#### PLEASE CIRCLE

**Y/N** – I give Adult and Pediatric Allergy Asthma and Skin Centers of North Alabama, its employees and/or agents “express prior consent” to contact me at any/all phone numbers, including cell phone numbers (by phone call or text message), for the purpose of treatment insurance and/or payment.

**Y/N-** I give Adult and Pediatric Allergy asthma and Skin Centers of North Alabama, its employees and/or agents permission to mail correspondence to the home address on file.

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#### FOR OFFICE USE ONLY

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practice Acknowledgement, but was unable to do so as documented below:

Date \_\_\_\_\_ Initials \_\_\_\_\_ Reason \_\_\_\_\_