

# UROLOGY ASSOCIATES, P.C.

## HIPAA ACKNOWLEDGEMENT AND PATIENT PREFERENCES

HIPAA (The Health Insurance Portability and Accountability Act) provides protection to patients intended to limit the disclosure of protected health information (PHI). PHI is any data concerning your treatment in the office. We make every effort to comply completely with these HIPAA privacy regulations. At the same time, we do not want our patients to be inconvenienced when they wish to have a spouse or family member call us for test results of prescriptions from our office when it is inconvenient for you to do so.

Please provide answers to the following questions. Your answers should help us serve you better, while ensuring that your privacy is protected. This information may be changed by you at any time.

\_\_\_\_\_  
Name of Designee to Receive PHI

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

\_\_\_\_\_  
Name of Designee to Receive PHI

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

\_\_\_\_\_  
Name of Designee to Receive PHI

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

\_\_\_\_\_  
Name of Designee to Receive Medical Records Only

I \_\_\_\_\_, acknowledge that I have been provided with a copy of Urology Associates, PC's privacy notice and have been given an opportunity to read and ask questions about the notice.

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature