Lincoln Internal Medicine Associates

Receipt of Privacy Practices and Release & Message Authorizations

We are required by law to maintain the privacy of and provide individuals with a notice of our legal duties and privacy practices with respect to protected health information. This form is has requires three signatures, one that states you have received a copy of our Privacy Practices here at LIMA as well as how who we can release information to besides you and finally how you prefer to have messages sent to you.

1. **You have been given a copy of our privacy practices and your signature below is our receipt showing that you have been given a copy of our practices.** At this time if you have any restrictions or concerns please notify the receptionist so it can be noted appropriately or please ask to discuss it with the Clinic's Privacy Officer. We ask that you understand that the Practice may update its Notice Of Privacy Practices at any time and that you may ask for a copy at any time in writing.

   Signature: _____ Date: _____

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2. **Please list the Person or persons to whom information about you may be disclosed.** (Examples would be your spouse, children, care givers, power of attorneys, legal guardian.) Please list the Name and the Relationship. If you do not want information disclosed to anyone, please note No One on the line below. This would include leaving messages with about appointments, test results, new treatments, referral information, or billing and insurance questions.

   I authorize Lincoln Internal Medicine Associates and/or their Business Associates to release my personal health information (PHI) to the below noted individuals in accordance with the rules and regulations of HIPAA/HITECH.

   Special Instructions if any: _____

   _____

   _____

   Signature: _____ Date: _____

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3. **HIPAA allows for alternative communications meaning that we may contact you at your request at other locations or by other avenues such as your cell phone. Please note your preference below.**

   At times it is important for us to contact you about things like test results, appointments, referrals and billing information. We try to not leave to much of a detailed messages with anyone except the patient or their legal guardian. We ask that you tell us what your preference is when we do need to get in touch with you. Please notate below what that preference is and what number we are to use. You can choose more than one if appropriate.

   Home phone: _____ Work: _____

   Cell phone: _____ Other: _____

   Signature: _____ Date: _____