

**HIPAA OMNIBUS RELEASE**

**Patient Acknowledgment Form for Receipt of Notice of Privacy Practices  
Consent / Limited Authorization & Release Form**

You may refuse to sign this acknowledgement & Authorization. In refusing we may not be allowed to process your insurance claims.

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

How would you like to be addressed when summoned from the reception area?

First Name Only  Proper Surname  Other \_\_\_\_\_

Please list any other parties who are actively involved in your health care and who can have access to your health information: (this includes spouse, parents, grandparents or any authorized caretakers)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I Authorize contact from this office to **CONFIRM** my Appointments, Treatment & Billing Information via:

- Cell Phone Confirmation
- Text Messages to my Cell Phone
- Home Phone Confirmation
- Email Confirmation
- Work Phone Confirmation
- Any of the Above

I Authorize **INFORMATION ABOUT MY HEALTH** by conveyed via:

- Cell Phone Confirmation
- Text Messages to my Cell Phone
- Home Phone Confirmation
- Email Confirmation
- Work Phone Confirmation
- Any of the Above

I Approve/ Authorize being contacted about **SPECIAL SERVICES, EVENTS, NEW HEALTH INFO** on behalf of this Healthcare Facility via:

- Cell Phone Confirmation
- Text Messages to my Cell Phone
- Home Phone Confirmation
- Email Confirmation
- Work Phone Confirmation
- Any of the Above

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility. A copy of this signed, dated document shall be as effective as the original.

**My signature will also serve as a PHI document release should I request treatment or radiographs be sent to other attending doctor / facilities in the future.**

\_\_\_\_\_  
Please **PRINT** Name of Patient

\_\_\_\_\_  
Please **SIGN** Name of Patient or Patient Guardian

\_\_\_\_\_  
Name of Legal Representative / Guardian

\_\_\_\_\_  
Relationship of Legal Representative / Guardian

**Signature Of Privacy Officer:** \_\_\_\_\_