Acknowledgement of Receipt of Notice of Privacy Practices

THE UROLOGY GROUP
Advanced Care. Improving Lives.

I_____acknowledge that either ***[please check appropriate box].***

☐ I have received a copy of Tri State Urologic Services P.S.C., Inc dba The Urology Group/The Urology Center's Notice of Privacy Practices.

or

☐ I declined the offered copy of Tri State Urologic Services P.S.C., Inc dba The Urology Group/The Urology Center's Notice of Privacy Practices.

This notice describes how Tri State Urologic Services P.S.C., Inc dba The Urology Group/The Urology Center may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

BY CHECKING THE BOXES BELOW, YOU CAN AUTHORIZE US TO DISCLOSE INFORMATION (OR RESTRICT ANY SUCH DISCLOSURES).

Messages with APPOINTMENT or MEDICAL information

You may send information or leave messages of this type via (check all that apply):

☐ Home phone ☐ Mobile phone ☐ Mail
☐ Work phone ☐ In-person ☐ Email
☐ Voicemail

My health Information can be left/discussed with:

☐ Anyone who answers the phones indicated above.

☐ Only with the following individuals:

First Name	Last Name	Relationship to patient	Phone number

☐ Do not give/leave appointment or medical information with anyone other than myself **(This will exclude your information from spouses, significant others, parents, children, or any other family member.)**

_____ _____
(Signature of patient or Personal Representative) (Date)

_____
Relationship to patient (if other than patient)