



HIPAA – PATIENT ACKNOWLEDGMENT FORM

Our Notice of Privacy Practices (NPP) provides information about how South Jersey Heart Group / Lourdes Cardiology Services may use and disclose protected health information (PHI) about you. The practice provides this form to comply with the Health Insurance Portability and Accountability Act (HIPAA). The NPP contains a Patients’ Rights section describing your rights under the law. Please review the Notice of Privacy Practices thoroughly before signing this acknowledgment form. In the event that terms of the Notice change, a revised copy will be made available to you.

By signing this form, you acknowledge that our Practice may use and disclose PHI about you for treatment, payment and healthcare operations. You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment or healthcare operations.

I give permission for South Jersey Heart Group / Lourdes Cardiology Services:

May leave a message regarding appointment and / or test results

At _____ Home phone number and/or

At _____ Cell phone number and/or

At _____ Work phone number

May share medical information with:

(1) Name: _____ Relationship: _____

Phone: _____

(2) Name: _____ Relationship: _____

Phone: _____

I assume responsibility to inform the practice of any changes in the above information

PRINT PATIENT’S NAME:	DATE:
PATIENT’S DATE OF BIRTH:	RELATIONSHIP TO PATIENT:
SIGNATURE:	TODAY’S DATE: