

Notice of HIPAA GUIDELINES

In general, the HIPPA privacy rule is intended to give further protection for the patient's privacy of medical records and information. This federal rule is now a law as of April 14, 2003. It restricts the dissemination of your personal information to any entity other than those that you specifically indicate by an in-person information release form. Additionally, we are restricted in the means by which your own information is provided to YOU. Therefore, please indicate by checking all the applicable, those means, by which we can continue to provide you with your periodical medical reports:

I wish to be contacted in the following manner(s):

| AUTHORIZED | LOCATION | NUMBER | INSTRUCTIONS | OTHER |
|-------------------|------------------|---------------|--|--------------|
| | Home Phone | | Leave message with detailed information | |
| | Cell Phone | | Leave message with detailed information | |
| | E-Mail Report | | E-mail my report to my designated address | |
| | U.S. Mail Report | | Send by U.S. Mail to my designated address | |

 Patient Signature

Date

 Printed Name and Birth Date