

# Children's Developmental Center, P.A.

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*"Helping Children With Life's Ups and Downs"*

## NOTICE OF PRIVACY PRACTICES

### ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided opportunity to receive it.

Patient's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PATIENT RECORD OF DISCLOSURES

In general, the HIPPA privacy rule gives individuals the right to request a resolution on uses and disclosures of their policies health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Home Telephone<br><input type="checkbox"/> O.K. to leave message with detailed information<br><input type="checkbox"/> Leave message with call-back number only<br><br><input type="checkbox"/> Work Telephone<br><input type="checkbox"/> O.K. to leave message with detailed information<br><input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Written Communication<br><input type="checkbox"/> O.K. to mail to my home address<br><input type="checkbox"/> O.K. to mail to my work/office address<br><input type="checkbox"/> O.K. to fax to this number<br><br><input type="checkbox"/> Other (Please Specify) _____ |
|--|---|

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of disclosure of, and requests for PHI to minimum necessary to accomplish the intended purpose. These guidelines do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep record of PHI disclosures. Information provided below, if completed properly, will continue an adequate record.

NOTE: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

#### Record of Disclosures of Protected Health Information

Date	Disclosed to Whom / Address / Fax	(1)	Description/Purpose of Disclosure	By Whom	(2)	(3)

- (1) Check this box if the disclosure is authorized
- (2) Type Key: T- Treatment Records; P- Payment Information; O- Healthcare Operations
- (3) Enter how disclosure was made: F- Fax; P- Phone; E- E-Mail; O-Other