

HIPAA CONFIDENTIALITY AND PRIVACY FORM

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Office Manager at (919) 460-7676. All complaints must be submitted in writing within 180 days of the alleged violation. You will not be penalized for filing a complaint.

Privacy Official Contact: Again, if you have any questions regarding this notice or our health information privacy policies, please contact the Office Manager at 270 Cornerstone Drive, Suite 105, Cary, NC 27519 or (919) 460-7676.

Please list your phone number(s):

Phone _____ Type: cell home work

Phone _____ Type: cell home work

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I give Primary Medical Care permission to leave ANY information (including lab/test results, financial/insurance info, etc) on my voicemail.

I do NOT give Primary Medical Care authorization to leave any information on my voicemail other than stating to call my doctor's office.

I give Primary Medical Care permission to discuss any medical information (including lab reports, test results, financial/insurance information, etc) with the following people:

Name and Phone Number of Person(s) information may be shared with:

Relationship to Patient (please circle which applies): spouse parent child sibling

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

Print Name: _____ **Date** ____ / ____ / ____

Mailing Address: _____ **City** _____ **State** _____ **Zip** _____

Email: _____

Signature _____

(If signature is not that of the Patient, indicate below the relationship of person for the Patient (ex. Parent, Family Member, Guardian, Close Relative or Guarantor)

(Print Name)

(Relationship to Patient)