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**

Phone ____ **Type: cell home work**

☐ **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

ACKNOWLEGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

Print Name: ______________________________________ **Date** ____/____/_2018____

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)**