



12810 W Alameda Pkwy, Unit B Lakewood, CO 80228
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Patient Update and HIPAA

Patient's Name _____ Preferred Name _____
Birth Date _____ M or F or Other _____ Occupation _____
Street Address _____ City _____ State _____ Zip _____
Email Address _____
Cell Phone _____ 2nd Phone _____ Texting/Email, OK? Y ___ N ___

HIPAA COMPLIANCE ACKNOWLEDGEMENT OF RECEIPT

HIPAA addresses the use and disclosure of individuals' health information (known as *protected health information* or *PHI*) by entities subject to the Privacy Rule. (**Healthcare providers:** Every healthcare provider, regardless of size of practice and who electronically transmits health information in connection with certain transactions.)

HIPAA also contains standards for individuals' rights to understand and control how their health information is used. A major goal of HIPAA is to make sure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high-quality healthcare, and to protect the public's health and well-being. HIPAA permits important uses of information while protecting the privacy of people who seek care and healing.

_____ Yes, I would like a copy of the Notice of Privacy.

_____ No, I would not like a copy of the Notice of Privacy.

Printed Name _____

Signature X _____

I give permission to release information, medical information/records, and pickup glasses/contacts to (Name or Names listed below)
