



PLEASE PRINT

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

ACKNOWLEDGMENT OF PRIVACY PRACTICES AND HIPAA DISCLOSURE AUTHORIZATION

Receipt of Notice of Privacy Practices

Initial \_\_\_\_\_ I acknowledge I have received or I have been provided the opportunity to receive a copy of Alton MultiSpecialists Physicians Notice of Privacy Practices that explains when, where and why my protected health information may be used or shared by Alton MultiSpecialists Physicians.

HIPAA Disclosure Authorization(s)

I authorize Alton MultiSpecialists Physicians to:

Initial \_\_\_\_\_ Contact me at the following number(s): \_\_\_\_\_

Initial \_\_\_\_\_ Leave a voice message with me at the following number(s): \_\_\_\_\_

Initial \_\_\_\_\_ Provide the following person(s) with my protected health information:

Print Name: \_\_\_\_\_ Relationship to Patient/Phone #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Patient/Phone #: \_\_\_\_\_

DECLINE AUTHORIZATION:

I do NOT authorize Alton MultiSpecialists Physicians to disclose my protected health information to anyone other than me, except as permitted by HIPAA as described in Alton MultiSpecialists Physicians' Notice of Privacy Practices. \_\_\_\_\_ (Initial to DECLINE)

HIPAA Unencrypted Communication Authorizations

Electronic mail (email) and text messaging are common forms of communication, and can be utilized to communicate with your physician and your care team. It is important for you to understand that unencrypted email and text messaging are not secure communications. This means there is a potential risk that messages containing your protected health information may be intercepted by a third party. Encryption is the process of making information unreadable, unless you have the password or key to decrypt the information. Alton MultiSpecialists Physicians does not encrypt text messages, and we cannot guarantee that all email messages will be encrypted.

By initialing below and signing this authorization, I understand and accept the conditions outlined above. I authorize Alton MultiSpecialists Physicians to send unencrypted communications to the email address and/or phone number listed below.

I authorize Alton MultiSpecialists Physicians to:

Initial \_\_\_\_\_ Send email to the following address: \_\_\_\_\_

Initial \_\_\_\_\_ Send text messages to the following number(s): \_\_\_\_\_

HIPAA Prescription Authorization

I authorize Alton MultiSpecialists Physicians to allow the following person to pick up prescriptions on my behalf:

Printed Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

I understand the HIPAA Disclosure Authorization(s) above may be revoked in writing at any time; however, the revocation will not affect disclosures of information previously authorized.

Signature of Patient (Guardian) \_\_\_\_\_ Name Printed \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATION BY A MINOR PATIENT

I am under age 18. In accordance with Illinois Law and Federal Regulations, I do not require parental authorization if treatment is related to any of the following: birth control services, HIV/AIDS, sexually transmitted diseases (ages 12-18), chemical dependency (alcohol or drug, 12-18) or psychiatric treatment. I give permission for Alton MultiSpecialists Physicians providers and staff to involved the below named persons(s) in my medical care of the above named conditions. This includes discussing my medical condition, diagnosis, plan of care, treatment, release of prescriptions, and/or medication samples, billing information, etc.

Name, printed \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Name, printed \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Minor Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_