

McHenry Medical Group
1541 Florida Avenue, Suite 200
Modesto, California 95350
Telephone 209-577-3388

Name _____	
MR# _____	or Acct # _____
Date _____	

Use and Disclosure of Medical Information

Acknowledgment, Notice of Privacy Practices

The Department of Health and Human Services established the HIPAA Privacy Rule to protect the privacy of identifiable health information. In accordance with this Rule, McHenry Medical Group has prepared a Notice of Privacy Practices that is given to patients at their first visit after April 14, 2003.

Acknowledgment

I understand that McHenry Medical Group may share my health information for treatment, billing, and healthcare operations. I have been given a copy of the organization's Notice of Privacy Practices that describes how my health information is used and shared. I understand that McHenry Medical Group has the right to change this notice at any time. I may obtain a current copy by contacting the medical group's Privacy Official.

My signature below constitutes my acknowledgment that I have been provided with a copy of the Notice of Privacy Practices.

Name (please print)

Signature of Patient or Legal Representative

Date

If signed by legal representative, relationship to patient: _____

Check here if patient refuses to sign. MMG employee initials: _____

Disclosures to Family and Friends

With your permission, we may disclose your relevant health information to family members, friends, or other persons you identify below. This permission may be revoked by you at any time.

Name

Relationship

Phone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____
Patient or Legal Representative