

Receipt of HIPAA Notice of Privacy Practices
Written Acknowledgement Form

I, _____, have received a copy of Loftus, Ryu & Bartol, MDs PC HIPAA Notice of Privacy Practices.

Authorization to Discuss Health Information

I authorize of Loftus, Ryu & Bartol, MDs PC to discuss my health information with:

(Name of person) Relationship

(Name of person) Relationship

I decline to give anyone permission to have access to my medical information:
Signature of Patient/ Date

Patient Name

Date of Birth