IMB | INTERNAL MEDICINE of BRIGHTON

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HIPAA REGISTRATION

PRACTICE'S HIPAA PRIVACY NOTICE

This Practice is obligated under HIPAA to protect the privacy of your protected health information (PHI) and to provide you with a notice of its privacy practice (the "Privacy Notice").

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the Practice's Privacy Notice bearing an effective date of January 1, 2023.

Name of Individual (printed) _____ DOB: _____

Signature of Individual _____ Date signed: _____

Signature of Personal Representative _____

Witness name _____ Signature of Witness _____

DISCLOSURE OF PHI TO DESIGNATED INDIVIDUALS

The practice may disclose to a family member, other relative, a close personal friend, or any other person identified by you (the "Designated Individual") your PHI directly relevant to that person's involvement with your care or the payment for your care. The Practice may also use or disclose your PHI to notify or assist in notifying (including identifying or locating) the Designated Individual, your Personal Representative, or another person responsible for your care, of your location, general condition or death. However, this can only occur if you agree to a disclosure to such persons.

If you wish to agree to such disclosures, please designate the family member, other relative, close personal friend, or any other person you wish to be your Designated Individual(s). Please include your Designated Individual's relation to you and his/her phone number:

Designated Individual Name	Relationship	Phone Number