

**KLEMENT, JUNGMAN AND VARGA**

**Dear Patient,**

In order for us to stay within the HIPAA guidelines, please list below anyone that you authorize us to disclose information to regarding your Protected Health Information. It is not mandatory that you list anyone. (You do not need to list any of your doctors).

<b>Name</b>	<b>Relationship</b>
1. _____	_____
2. _____	_____
3. _____	_____

Do we have your permission to leave information on your answering machine or voicemail if we are unable to reach you? \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_  
**Patient's Name (Please Print)**

\_\_\_\_\_  
**Patient or Parent/Guardian Signature**

Today's Date \_\_\_\_\_

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**KLEMENT, JUNGMAN AND VARGA**

**Acknowledgement of Receipt of Notice of Privacy Practices**

\* You May Refuse to Sign This Acknowledgment\*

**I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
  - Communication barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify)
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