

Acknowledgement of The Receipt of
HIPAA & Patient Bill of Rights



The Health Insurance Portability and Accountability Act (HIPAA) is a federal government regulation designed to ensure that you are aware of your privacy rights and how medical information can be used by our staff in providing and arranging your medical care.

The Patients Bill of Rights list of guarantees for those receiving medical care. It may be in form of a law or a non-binding notice. Typically this form guarantees protection of patient's information, fair treatment, and autonomy over medical decisions, among other rights.

Vanguard Vascular & Vein is to provide you with a copy of the attached notices, which provides information about how Vanguard Vascular & Vein and its physicians may use and/or disclose protected health information about you for treatment, payment, health care decisions and or as otherwise allowed by law. By signing this form, you acknowledge that you have received a copy and understand the HIPAA and Patient Bill of Rights.

Patient Name (Please Print)

Signature of Patient, Parent, or Legal Guardian

Date

Acknowledgement of Receipt

My preferred method of communication regarding my medical conditions is indicated below (check one):

- Home Phone Cell Phone Work Phone Parent or Legal Guardian

If the above method of communication is by phone, please check the appropriate box below:

- Leave a message with detailed information which may include medical information, billing information or any other information needing to be relayed to the patient.
- Leave a message with a call back number only

Please inform our office if you have any special directions and/or request regarding our communication with you or if you do not wish to be contacted at all.

Patient Preferences Regarding Communication of Health Information