



**PRIVACY NOTICE ACKNOWLEDGEMENT**

I acknowledge that Optimum Physical Medicine has made available to me the *Notice of Privacy Practices and Individual Rights*. A paper copy of this Notice will be provided at my request.

Initials: \_\_\_\_\_

**Authorization to Release Protected Health Information**

I, \_\_\_\_\_, hereby authorize Optimum Physical Medicine to release my protected health information to the following: (Please check and provide the NAME or specific entities to whom your protected health information may be given.)

\_\_\_\_\_ Family members or friends: (please give names) \_\_\_\_\_

\_\_\_\_\_ School or Employer: (list names of school/coach/employer) \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Initials: \_\_\_\_\_

This authorization shall be in effect (please check one).

\_\_\_\_\_ no expiration date                      \_\_\_\_\_ expiration date of \_\_\_\_\_

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (printed)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Office Use – Documentation of Good Faith Effort**

The patient identified above was made aware of the availability of the Privacy Notice on this date. A good faith effort has been made to obtain a written acknowledgment of this. However, acknowledgment has not been obtained because:

\_\_\_\_\_ Patient refused to sign the Privacy Notice Acknowledgment

\_\_\_\_\_ Patient was unable because: \_\_\_\_\_

\_\_\_\_\_ There was a medical emergency. Provider will attempt to obtain acknowledgment as soon as practical

\_\_\_\_\_ Other reason, describe: \_\_\_\_\_

\_\_\_\_\_  
Optimum Physical Medicine Employee Printed Name

\_\_\_\_\_  
Optimum Physical Medicine Employee Signature