

Complete Health of Lawrenceville

Berkowitz and Clancey, PC

136 Franklin Corner Road

Lawrenceville, NJ 08648

(609) 912-0440

Patient Acknowledgement and Receipt of Notice of Privacy Practices Pursuant to HIPAA and Consent for Use of Health Information

The undersigned does hereby acknowledge that he or she has received a copy of this office's Notice of Privacy Practices Pursuant to HIPAA and has been advised that a fully copy of this office's HIPAA Compliance Manual is available upon request.

The undersign does here by consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manual, State law and Federal law.

Please use the area below to authorize any other parties who can access your health information:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

To be completed by the patient's representative, if necessary

(eg: if the patient is a minor, if the patient does not speak English, or if the person is physically or mentally incapacitated)

Print Patient Name

Print Name of Legal Representative

Signature of Patient

Signature of Legal Representative

Date