Mechanicsville Medical Center Family Physicians, P.L.L.C.

Written Acknowledgement/Family and Friends Disclosure Form

Our Notice of Privacy Practices provides information about how we may use and disclose PHI about you. **We may leave PHI, Protected Health Information, on an answering machine that is attached to the phone number you have given us, in an e-mail directed to your e-mail address, in a letter addressed to you, or in other forms of personal communications, unless you object to this.** As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

I, _____ (Please print patient name) have received a copy of the Medical Practice's Notice of Privacy Practices, for review and/or I have been given a copy if one was requested.

I understand that I may ask questions of the MMCFP if I do not understand any information contained in the Notice of Privacy Practices.

You may disclose health information, PHI, to the following:

Either **in person** or **by phone**:

Spouse Name _____#_____

Parent(s) Name(s) _____#_____

Sibling(s) Name(s) _____#_____

Other:

Relationship _____ Name _____#_____

Relationship _____ Name _____#_____

Relationship _____ Name _____#_____

Relationship _____ Name _____#_____

_____ _____
Patient Signature Date

_____ _____
Authorized Representative of Patient Date

_____
Relationship to Patient

Disclose no PHI, emergency situations only contact: Name_____

Relationship_____#_____