ADULT (18 & over) PATIENT UPDATE

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT AND COMMUNICATION PERMISSIONS FORM

OLNEY PEDIATRICS
18111 PRINCE PHILIP DRIVE SUITE 311
OLNEY, MD 20832
(301) 774-4100

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain privacy rights regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of Olney Pediatrics' Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that federal law permits Olney Pediatrics to use my protected health information ("PHI") for a variety of purposes including, but not limited to, treatment, to obtain payment, for healthcare operations, and when required by law or for public health purposes. I understand that Olney Pediatrics may need to contact my guarantor (person responsible for payment of my medical bills) and/or the policy holder for my insurance to exchange information, when necessary for the purpose of obtaining payment. By signing this form I acknowledge and consent to these practices.

I understand that I am ultimately responsible for payment of my medical bills. I agree to pay all copays and charges not covered by my insurance. In addition, the following person is delegated responsibility for my medical bills (guarantor; usually a parent whose insurance policy covers me) and may communicate with Olney Pediatrics about bills:

_____ _____
Guarantor Date of Birth (of guarantor)

_____ _____
My signature Today's date

_____ _____
My printed name Date of birth

I give permission for physicians and staff from Olney Pediatrics to communicate with me by my street address on record and (*check all allowed; circle first choice*):

☐ email address_____

☐ cell phone_____ ☐ okay to leave voicemail on cell
☐ okay to text cell (**nonsensitive** communications only*)

☐ home phone_____ ☐ okay to leave voicemail at home
☐ okay to leave message with family/other

I give permission for Olney Pediatrics to speak to _____ at phone (____)_____
or _____at phone (___)_____regarding (*can check none, any, or all; these permissions may be changed by you at any time*):

☐ scheduling appointments ☐ routine lab results (*excludes drug, pregnancy, and STD tests)
☐ medication refills ☐ concerns raised by your parent