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HIPPA NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

The Health Insurance Portability and Accountability Act (HIPPA) require James A Gottfried MD, Inc family practice to make available to me a Notice of Privacy Practices that explains my rights regarding the privacy and confidentiality of my patient health information. I have received this Notice and am aware that any questions regarding this notice should be to James A Gottfried, MD Inc:

James A Gottfried, MD & Rolland R Rogers III, DO
257 Benedict Ave Ste C1
Norwalk, OH 44857
(419-668-1101)

Signature _____ Date _____

Print Name _____ DOB _____

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With understanding the new HIPPA laws, I do realize that my health information cannot be shared with family members and or friends without my written consent. In understanding this, **I would like my information to be shared with the following people:**

Signature _____ Date _____

CONSENT FOR RELEASE OF INFORMATION (by phone)

Where are we allowed to attempt to contact you? _____

Are we permitted to give lab, diagnostic and/or any other test results to family members? _____

This is not a release for your medical records