

Neil Singer, M.D., PLLC
2155 W. State Route 89A, Suite 105
Sedona, AZ 86336

Notice of Privacy Practices Consent and Acknowledgement

I have read the foregoing Notice of Privacy Practices provided to me by Neil Singer, M.D., PLLC, and have been given the opportunity to discuss the privacy practices at Neil Singer, M.D., PLLC. I understand that the practice may, at its discretion, change terms and conditions of this Notice. Any questions I may have had have been answered to my satisfaction. I understand the content of the notice of Privacy Practices and have been provided with a copy of same. I hereby give consent to Neil Singer, M.D., PLLC to use and/or disclose my protected health information for the purpose of treatment, payment, and health care operations.

I acknowledge that I have the right to request how my protected health information is used or disclosed to carry out treatment, payment and health care operations. I further acknowledge that Neil Singer, M.D., PLLC is not required to agree to my requested restrictions, but should it choose to do so, it will be bound by such agreement.

This consent and acknowledgement shall continue in force and effect from the date of signing and as long as I am a patient of Neil Singer, M.D., PLLC.

Signature

Date

Print Name

Staff Initials

If signed by the patients authorized representative, describe the representative's authority:

Parent of a minor child Guardian Agent (Health Care Power of Attorney-copy)

Other

The Notice of Privacy Practices was provided to: _____,

However, he/she did not acknowledge receipt for the following reason:

Refused Did not understand Other

Staff Signature

Date