

Ear, Nose & Throat Associates

2900 12<sup>th</sup> Avenue W. Suite 330 W  
Billings, MT 59101

***Notice of Privacy Practices***  
**Acknowledgment of Receipt**

**I hereby acknowledge that I have reviewed a copy of Ear, Nose & Throat Associates' Notice of Privacy Practices Summary.**

\_\_\_\_\_  
**Signature of patient or patient's representative** **Date**

Printed name of patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Printed name of patient's representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**USE/RESTRICTION OF PATIENT INFORMATION**

In general, the HIPAA privacy rules give individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**I wish to be contacted in the following manner (check all that apply):**

- Home Telephone:** \_\_\_\_\_
- O.K. to leave message with detail information
- Leave message with call-back number only

- Written Communication**
- O.K. to mail to my home address
- O.K. to mail to my work/office address
- O.K. to fax to this number \_\_\_\_\_

- Work Telephone:** \_\_\_\_\_
- O.K. to leave message with detailed information
- O.K. to leave message with detailed information
- Leave message with call-back number only

- Verbal Communication**
- O.K. to release information verbally to:

- Cell Phone:** \_\_\_\_\_
- O.K. to leave message with detail information
- Leave message with call-back number only

*It is the patient's responsibility to provide updates or changes to this information.*

\_\_\_\_\_  
**Signature of patient or patient's representative** **Date**

The privacy Rule generally requires health providers to take reasonable steps to limit the use or disclosure of and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

**Note: Uses and disclosures for Treatment, Payment and Healthcare Operation (TPO) may be permitted without prior consent in an emergency.**