



www.SmartChoiceNow.com
4235 Sunbeam Road • Jacksonville, Florida 32257
(904) 322-8555 • Fax: (904) 322-8578

Wissam M. Shaya, M.D.

HIPAA Form E Notice and Acknowledgement

Acknowledgment

I acknowledge that I have reviewed the **SCPUC** Notice of Privacy Practices or that I have waived the right to read the **SCPUC's** Notice of Privacy Practices document. Please visit our website at www.SmartChoiceNow.com for a complete explanation of our privacy practice notice which is also listed at www.hhs.gov/hippa.

Signed

Date

Print Name of Signatory

If Signatory Not Patient, Please Indicate Relationship to Patient



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HIPAA Compliant Medical Information Sharing Authorization Form

Protected Health Information Sharing Designation

I, _____ grant permission for the person whose name is printed below to receive information regarding my medical care from the **SCPUC** without additional authorization, and outside of my presence. By providing a name below and signing this form, I understand that the individual named below will have access to my medical records without additional consent unless and until consent is explicitly revoked in writing. If no name is indicated above, then no layperson will have access to any information contained in my health record from **SCPUC**

Spouse: _____

Relative: _____

Caregiver: _____

Other Relationship: _____

Protected Health Information Messages

I **authorize** _____ /**prohibit** _____ the communication of detailed health information by the staff of **SCPUC** in the form of voice-mail or answering-machine messages at my contact telephone number.

Signed Date

Print Name of Signatory

Witnessed Date

Print Name of Witness

* U.S. government required statistical data necessary for all healthcare entities to attain "Meaningful Use" of Electronic Health Records.
Please return this document to the **SCPUC** reception desk upon completion