

Premier Foot & Ankle Center

Jade T. Gittens, DPM, AACFAS

7 Cedar Grove Lane, Suite 28

Somerset, NJ 08873

(T): 732-412-1282 (F): 732-412-1280

DIVISION OF NEW JERSEY PODIATRIC PHYSICIANS & SURGEONS GROUP, LLC

**PATIENT HIPAA ACKNOWLEDGEMENT AND DESIGNATION
DISCLOSURE FORM**

I. Acknowledgement of Practice's Notice of Privacy Practices:

By subscribing my name below, I acknowledge that I was provided a copy of the Notice of Privacy Practices (NPP), and that I have read (or had the opportunity to read if I so chose) and understand the Notice of Privacy Practices (NPP) and agree to its terms.

Name of Patient

Date of Birth

Signature of Patient/Parent/Guardian

II. Designation of Certain Relatives, Close Friends and other Caregivers as my Personal Representative:

I agree that the practice may disclose certain of my health information to a Personal Representative of my choosing, since such person is involved with my health care or payment relating to my health care. In that case, the Physician Practice will disclose only information that is directly relevant to the person's involvement with my health care or payment relating to my health care.

Print Name: _____ **Relation** _____

Print Name: _____ **Relation** _____

Print Name: _____ **Relation** _____

III. Request to Receive Confidential Communications by Alternative Means:

As provided by Privacy Rule Section 164.522(b), I hereby request that the Practice make all communications to me by the alternative means that I have listed below.

Home Telephone Number:

Written Communication Address:

____ OK to leave message with detailed information

____ OK to mail to address listed above

____ Leave message with call back numbers only

____ E-mail me at:

Work Telephone Number:

Fax Number:

____ OK to leave message with detailed information

____ OK to Fax at the number listed above

____ Leave message with call back numbers only

____ E-mail me at:

Other:

Name of Patient (Printed)

Signature of Patient/Parent/Guardian

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Witness signature

Date
