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GENITO-URINARY SURGEONS, INC.
www.genito-urinary-surgeons.org

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Receipt of Notice of Privacy Practices Acknowledgment Form

I hereby acknowledge that on _____ I received the Notice of Privacy Practices of Genito-Urinary Surgeons, Inc., which sets forth the ways in which my personal health information may be used or disclosed by Genito-Urinary Surgeons, Inc., and outlines my rights with respect to such information.

Patient's Printed Name _____ Chart # _____

Uses and Disclosures of Protected Information to the Patient

In general, the HIPAA privacy rule gives 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 protected health information be made by alternative means.

I permit Genito-Urinary Surgeons, Inc., to discuss my PHI with and to disclose my PHI to the following:

- My Spouse _____
- My Adult Child(ren) _____
- My Personal Representative _____
- Other _____
- If checked, the following additional instructions apply:

Patient / Guardian Signature

Date