Sammy Zakhary M.D., P.C.

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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPPA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that Sammy Zakhary M.D., P.C., has the right to change its Notice of Privacy practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Private Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient/Guardians signature: _____

Date: _____

_____ I agree to allow Sammy Zakhary M.D., P.C., to contact me in the following methods regarding my private health information, evaluation, and treatment. I authorize Sammy Zakhary M.D., P.C., to leave messages for me when I am unavailable. I understand that messages may contain confidential information.

METHOD	NUMBER	(YES/NO)
Home Phone	_____	YES NO
Cell Phone	_____	YES NO
Work Phone	_____	YES NO

NO (please initial below) _____ I authorize Sammy Zakhary M.D., P.C., staff to discuss my healthcare information (which may include history, diagnosis, labs, evaluation findings, treatment and other health information) with the contacts listed below. I understand that by leaving spaces blank I am indicating my choice to be a "No Information" and I do not want any information released to anyone else.

Name: _____ Relationship: _____ PHONE: _____

Name: _____ Relationship: _____ PHONE: _____