

ALLERGY ASSOCIATES OF THE PALM BEACHES, P.A.

ACKNOWLEDGMENT RECEIPT: HIPAA NOTICE OF PRIVACY PRACTICES

In signing this form, you agree that our Notice of Privacy Practices has been made available to you. This notice among other points explains how we plan to use and disclose your protected health information for the purposes of treatment, payment and health care operations. This applies to the privacy practices of AAPB and all affiliated covered entities of AAPB issuing this notice. You have the right to review our Notice of Privacy Practices prior to signing this form. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested by asking our office staff. A current copy is always available for review in our waiting room.

Please check:

Consent to leave Voicemail: ____ Consent to Text: ____ Consent to charge credit card on file: ____

Indicated below are names of any Person(s) to whom I would like Allergy Associates of the Palm Beaches, P.A. to allow disclosure of Individually Identifiable Health Information (IIHI). (Please, specify the type of information that may be disclosed, such as lab test, appointment information, prescription information, etc. You may indicate "All" if appropriate).

Print name

Type of information to disclose

Signature of Patient or Legal Guardian

Date

Employee use only:

Witness Signature/ Title

Discrimination is Against the Law-
Allergy Associates of the Palm Beaches, PA (AAPB) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability, or sex. AAB does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allergy Associates of The Palm Beaches cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Allergy Associates of The Palm Beaches no excluye a las personas ni las trata de forma diferente debido a su origen etnico, color, nacionalidad, edad, discapacidad o sexo.

ATTENTION: If you need language assistance services, the office will provide free of charge. Please call 561-626-2006.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 561-626-2006