



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT AND RELEASE OF INFORMATION

The Health Insurance Portability Act of 1996 (HIPAA) requires that health agencies provide a Notice of Privacy Practices to all persons receiving services. This form acknowledges that you have received a Notice of Privacy Practices statement from Pinnacle Premier Psychiatry.

Printed Name and Date

Signature

HIPAA also does not allow us to speak with anyone in your family or your friends about your medical care without your permission. Please list below all of the people Pinnacle Premier Psychiatry is allowed to discuss your medical care with:

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship