

**PRINCETON PHYSICIANS GROUP, P.C.**

**88 ROUTE 571, STE 201**

**WEST WINDSOR, NJ 08550**

**HIPAA**

HIPAA is a federal government regulation, which contains rules about how we can use your medical information with and without your prior permission. It also gives patients new rights with respect to the privacy of their medical information. We are obligated by law to make available to you our Notice of Privacy Practices, which explains our duties and your rights and to get a written acknowledgement from you that you have received this information. The receptionist has copies of the Notice of Privacy Practices if you would like to review them.

To learn more about HIPAA, visit the United States Department of Health and Human Services website at: [www.aspc.hhs.gov/adminsimp/index.htm](http://www.aspc.hhs.gov/adminsimp/index.htm)

I understand a copy of Princeton Physicians Group, P.C. Notice of Privacy Practices is available for my review.

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Due to the Privacy Act of 1974 we cannot release anything about your file to anyone without your written or verbal consent.

I give this office authorization to release information regarding my medical record and/or account records to the individual(s) or organization listed below. I understand that unless I state otherwise, ALL information may be discussed or released. (PLEASE PRINT CLEARLY)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Our office may leave information on my answering machine

HOME  CELL

This signed statement will remain valid unless you inform us in writing.

\_\_\_\_\_

Patient's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name Clearly