Philip C. Kierney, M.D., C.J. Lynn Chung, M.D.
105 27th Ave. S.E.
Puyallup, WA 98374
253.848.8110

Notice of Privacy Practice - Acknowledgement of Receipt

Permission to Leave Message & Remain HIPAA Compliant

Federal law requires us to provide you with a Notice of Privacy Practices, which is our explanation of how we use and disclose your health care information. We are also required to show acknowledgment of that you have received this notice. You have the right to review our notice and ask any questions for explanation before signing and acknowledging your receipt of your rights. The terms of our Notice may change as the law and our office practices change. If we change our Notice, we will have a revised copy available to you when you visit us, and always upon your request.

Your signature acknowledges that you have received or have been offered and refused a copy of our Notice of Privacy Practices. Your signature gives permission to discuss your healthcare information with any individual(s) you have chosen to list below.

_____ _____

Signature Date

Your healthcare information is protected by law, which requires your health care providers to only discuss medical information with the patient. If you would like to grant permission to our office to discuss your healthcare information with a specific individual (i.e. a parent, spouse, caregiver, etc.), please designate and sign below. You have the right to revoke that permission at any given time upon your written request.

Release of Information

[ ] I authorize the release of information, including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

Spouse _____
Child(ren)_____
Other _____

[ ] Information is not to be released to *anyone*.

Messages

Please call [ ] My home [ ] My work [ ] My cell number: _____
Ok to leave Voice Mail at: [ ] My home [ ] My work [ ] My cell

If unable to reach me:

[ ] You may leave a detailed message
[ ] Please leave a message asking me to return your call
[ ] _____

The best time to reach me is (day) _____ between (time) _____

Signed: _____ Date: _____/_____/_____

Witness: _____ Date: _____/_____/_____