ALABAMA
EAR, NOSE & THROAT
SPECIALISTS, LLC

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

You have been given the Notice of Privacy Practices for Alabama Ear, Nose & Throat Specialists, LLC (AENTS) and its Physicians. This Notice describes your legal rights regarding your health information and will inform you of the legal duties and privacy practices of AENTS with respect to or other health care providers at a different location, you may want to ask about that office or clinic's health information privacy policies and notices because they could be different.

Your name and signature below indicates that you have been provided with a copy of this Notice of Privacy Practices.

If you have a question regarding any of the information set forth in this Notice of Privacy Practices, please do not hesitate to call our Practice Administrator at (205) 523-9300.

Patient Name: _____ Date: _____

Signature of Patient or Responsible Party: _____

PERSONAL HEALTH INFORMATION

I authorize AENTS and medical staff to discuss my healthcare information (which may include history, diagnosis, labs, test results, treatments 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 my information released to anyone else.

PERSONAL HEALTH INFORMATION CONTACTS:

Name: _____ Relationship to Patient: _____

Contact Info: _____

Name: _____ Relationship to Patient: _____

Contact Info: _____

Name: _____ Relationship to Patient: _____

Contact Info: _____

EMERGENCY CONTACT ONLY:

Name: _____ Relationship to Patient: _____ Phone: _____

PHONE NUMBERS: At which phone numbers would you like to receive calls about appointment, financial or medical condition information?

☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Other Phone:

VOICE MAIL: May appointment, financial or medical information be left on your answering machine or voice mail? ☐ Yes ☐ No

EMAIL: When responding to an Email, may we include appointment, financial, or medical condition information? ☐ Yes ☐ No

_____

Patient Signature

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