## Fredericksburg Nephrology Associates Inc.

101 Park Hill Drive

Fredericksburg, VA 22401

540-371-3010

Pogonia Medical Arts Building

4604 Spotsylvania Parkway Suite#335

Fredericksburg, VA 22408

## **Acknowledgement of Notice of Privacy Practices**

I have been presented with a copy of the Notice of Privused and disclosed as permitted under federal and stat	acy practices, detailing how my health information may be law, and outlining my rights regarding my health
information.	
Signature	Date
Relationship (If not signed by patient)	
Disclosure of Protec	ted Health Information
Name	
{ } I authorize the release of information including claims information. This information may be released to	g the diagnosis, records; examination rendered to me and o:
{ } Spouse/Significant Other	
{ } Child(ren)	Phone ()
	Phone ()
{	Phone ()
{ } I authorized those listed above to sign on my beha	If as needed
{ } I DO NOT authorized those listed above to sign on	my behalf as needed
{ } Information is not to be released to anyone	
This <b>Disclosure of Protected Health Information</b> will re	emain in effect until terminated by me in writing.
You may refuse to sign this authorization. Your refusal payment or your eligibility for benefits.	to sign will not affect your ability to obtain treatment or
Right to Terminate or Revoke Authorization  You may terminate or revoke this authorization in writi  Fredericksburg Nephrology Associates Inc. at 101 Park apply to actions taken by the requesting person/entity revoke authorization.	Hill Drive Fredericksburg VA, 22401. Your notice will not
Date	
Name of Patient or Patient Representative (Please prin	t)
Signature of Patient or Patient representative	