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 Privacy practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information.

Signature_____Date_____

Relationship (If not signed by patient)_____

Disclosure of Protected Health Information

Name_____ Date of Birth_____/_____/_____

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

{ } Spouse/Significant Other_____ _Phone (_____)_____

{ } Child(ren) _____Phone (_____)_____

_____Phone (_____) _____

{ } Other_____Phone (_____) _____

{ } Information is not to be released to anyone

This **Disclosure of Protected Health Information** will remain in effect until terminated by me in writing.

You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or you eligibility for benefits.

Right to Terminate or Revoke Authorization

You may terminate or revoke this authorization in writing at any time by sending written notification to Fredericksburg Nephrology Associates Inc. at 101 Park Hill Drive Fredericksburg VA, 22401. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Date _____

Name of Patient or Patient Representative (Please print)_____

Signature of Patient or Patient representative_____