AVALON
MEDICAL GROUP

2400 E. Avalon Avenue, Muscle Shoals, AL 35661
256-386-0808

Notices of Privacy Practices Acknowledgement
Patient Permission Form to Disclosure of Your Protected Health Information to Others

HIPPA (Health Insurance Portability and Accountability Act) is a federally mandated law. It provides guidelines to healthcare providers about the privacy of my medical information and requires Avalon Medical Group to inform me of its privacy policies.

I acknowledge that I have received a copy of Avalon Medical Group's notice of Privacy Practices. It describes how my medical information maybe used within Avalon Medical Group, how it can be disclosed outside of Avalon Medical Group, how I may access medical information, and my rights with regard to my medical information.

Avalon Medical Group reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may request a copy current Notice of Privacy Practices at any time.

Patient Name: _____ **DOB:** _____
Patient Signature: _____ **DATE:** _____

Name: _____ **Relationship:** _____ **Date:** _____
Name: _____ **Relationship:** _____ **Date:** _____
Name: _____ **Relationship:** _____ **Date:** _____
Name: _____ **Relationship:** _____ **Date:** _____
Name: _____ **Relationship:** _____ **Date:** _____
Name: _____ **Relationship:** _____ **Date:** _____
Name: _____ **Relationship:** _____ **Date:** _____