Advanced Kidney Care of North Texas

PATIENT CONFIDENTIALITY FORM

Summary of Privacy Practices

The HIPAA Privacy Rule requires certain healthcare providers to develop and distribute a notice that provides a clear, user-friendly explanation of individual rights with regards to their personal health information. The ***Notice of Privacy Practices*** outlines how our practice collects, uses, discloses, and safeguards patients' personal health information. It explains the patient's rights regarding their health data, such as accessing their records and controlling who can access their information. It also describes the practices legal obligations under the Health Insurance Portability and Accountability Act (HIPAA) and how patients can file complaints if they believe their privacy rights have been violated. Please refer to our ***Notice of Privacy Practices*** for complete details.

In the event that we are unable to reach you please specify who you authorize Advanced Kidney Care to speak with regarding your confidential medical information.

Name	Relationship	Phone Number
1.		
2.		
3.		
4.		

Please provide (checkmark below) authorization for the following:

☐ I authorize Advanced Kidney Care of North Texas to leave detailed messages regarding my medical care including but not limited to lab/imaging results and appointment reminders. **Please indicate best number to leave message**: _____

I understand that if the status of any of the above information changes, it will be my responsibility to inform the staff at Advanced Kidney Care of North Texas. This authorization will continue throughout the course of my treatment unless revoked by me in writing.

_____

Signature of Patient, Parent or Legal Guardian Date

Patient Name (Print): _____DOB: _____