

West Omaha Family Physicians, P.C.

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NOTICE OF PRIVACY PRACTICES RECEIPT PRIVACY OFFICIAL: JAN RECEK

This Notice describes how medical/protected health information about you may be used and disclosed and how you can get access to this information.

SUMMARY

As a patient you:

1. Can inspect and copy your information.
2. Can request corrections to your information.
3. Can request that your information be restricted.
4. Can request confidential communication.
5. Can obtain a report of disclosures of your information.
6. Can obtain a paper copy of this notice.

We want to assure you that your medical/protected health information is secure with us. This Notice contains information about how we will insure that your information remains private.

If you have any questions about this Notice, please feel free to contact our Privacy Officer listed above.

I acknowledge that I was offered a copy of the Notice of Privacy Practices of the Medical Practice named at the top of this page.

PATIENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY NUMBER	CELL PHONE
ADDRESS			CITY	STATE	ZIP	HOME PHONE
DATE OF BIRTH	GENDER	MARITAL STATUS	EMPLOYER	OCCUPATION	WORK PHONE	

SPOUSE INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY NUMBER	CELL PHONE
ADDRESS			CITY	STATE	ZIP	HOME PHONE
DATE OF BIRTH	GENDER	RELATIONSHIP Spouse	EMPLOYER	OCCUPATION	WORK PHONE	

PARENTS INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY NUMBER	CELL PHONE
ADDRESS			CITY	STATE	ZIP	HOME PHONE
DATE OF BIRTH	GENDER	RELATIONSHIP Mother	EMPLOYER	OCCUPATION	WORK PHONE	

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY NUMBER	CELL PHONE
ADDRESS			CITY	STATE	ZIP	HOME PHONE
DATE OF BIRTH	GENDER	RELATIONSHIP Father	EMPLOYER	OCCUPATION	WORK PHONE	

PROTECTED HEALTH INFORMATION MAY BE RELEASED TO

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP
LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP

FOR PRACTICE USE ONLY

SIGNATURE INFORMATION

PATIENT/REPRESENTATIVE SIGNATURE

DATE

PRACTICE EMPLOYEE SIGNATURE

DATE