



Dr. Sherman Thurmond ◊ Dr. Rhonda Thurmond

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

PHI means information about a patient, including but not limited to demographic information that may identify a patient that relates to the patient’s past, present, or future, physical or mental health or condition, related healthcare services or payment for health care services.

Person(s) I authorize to receive my PHI:

Name	Relationship to Patient

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, the patient and/or legal guardian, have received a copy of this office’s Notice of Privacy Practices.

Print Patient Name

Patient/Legal Guardian Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited
- An emergency situation prevented us from obtaining
- Other: (specify) _____