Arjun Medical Center, PC
7350 Heritage Village Plaza, Suite 101
Gainesville, VA 20155
Ph: 571-248-6666 Fax: 571-248-6667

PRIVACY DISCLOSURE FORM

Arjun Medical Center, PC respects your right to privacy. You, as a client, have the right to make certain choices about the uses and disclosures of your health information. Any information you authorize for use and disclosure may be re-disclosed and is no longer protected. You may amend your selections for restrictions by contacting the Privacy Officer.

I authorize and consent to the release of my health information to the following individuals:

Names of Person or Persons

_____ _____ _____

I would like to receive all written communications at the following location rather than my home address (If none specified, written communication will be forwarded to your home address):

_____

P.O. Box or Street Address, City, State, Zip

I would like to receive appointment reminders and patient care follow-up communication only by the following means (check all that apply):

- ☐ E-Mail _____
- ☐ Home Phone _____
- ☐ Work Phone _____
- ☐ Cell Phone _____

NOTE: Arjun Medical Center, PC reserves the right to implement stricter privacy standards under certain circumstances which it deems necessary for the protection of the patient.

I acknowledge that I have been given the Arjun Medical Center, PC Privacy Act Practice and have had an opportunity to ask questions about the information provided in the notice. I understand that I have the right to request other reasonable requests regarding confidential communications by contacting the Privacy Officer as specified in the **Notice of Privacy Practices.**

_____	_____
SIGNATURE OF PATIENT OR PATIENT REPRESENTATIVE	DATE
_____	_____
PRINTED NAME OF PATIENT OR PATIENT'S REPRESENTATIVE	RELATIONSHIP

Effective 1/1/2008