

ACKNOWLEDGEMENT OF RECEIPT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. We provide this form to comply with the Health Insurance Portability and Accountability Act (HIPAA). Please review the Notice of Privacy Practices thoroughly before signing this acknowledgement form. If terms of our Notice change, a revised copy will be made available to you.

By signing this form, you acknowledge that our practice may use and disclose PHI about you for treatment, payment and healthcare operations. You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment or healthcare operations.

_____ Signature of Patient or Legal Representative	_____ Date
_____ Printed Name of Patient	_____ Legal Relationship to the Patient <i>(If required)</i>

We cannot discuss your health information with anyone other than yourself unless you authorize us to do so. Please list below names of the individuals you authorize our office to discuss care with.

I give you permission to share my health information with:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

PHARMACY BENEFIT MANAGEMENT (PBM) CONSENT E-Prescribing – a physician’s ability to electronically send an accurate, error free and understandable prescription directly to a pharmacy. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. Medication History Transactions – provides the physician with information about medication that the patient is already taking prescribed by any provider, to minimize the number of adverse drug events. By signing this consent, you are agreeing that Ocala Kidney Group can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.

Please initial _____.

DISCLOSURE OF OWNERSHIP As part of your care: the physicians of Ocala Kidney Group may suggest a referral for various services. Ocala Kidney Group physicians have a financial interest in Dialysis Vascular Center of Ocala Kidney Group in Leesburg, FL as well as various DaVita entities. You are free to obtain your services elsewhere if you prefer. Upon request, we will be happy to provide you with names of alternate recommended facilities. By signing this consent, you are agreeing that you understand your right to choose where you obtain services.

Please initial _____.

If you have questions contact us at Ocala Kidney Group, Inc. Telephone: 352-622-4231

Fax: 352-622-0518 Email: privacy@ocalakidneygroup.com

Address: 2980 SE 3rd Court, Ocala, FL 34471