

SOUTHEAST CLINICAL NUTRITION CENTERS, INC.
1462 Montreal Road, Suite 203 | Tucker, GA 30084 | (678) 527-0800, (770) 674-1871 Fax

HIPAA Disclosure Form

The HIPAA (acronym for the Health Insurance Portability and Accountability Act of 1996, a federal law) privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI).

Patient Disclosure

The individual is also provided the right to request confidential communications or that communication be made by an alternative means.

I authorize Southeast Clinical Nutrition Centers, Inc. to contact me or leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever the information changes.

Check all that apply: (Unless otherwise indicated below, detailed messages will be left on voice mail.)

- Home Phone and/or Voice Mail
- Cell Phone and/or Voice Mail
- Work Phone and/or Voice Mail

List names of people we can discuss your medical care with:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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I acknowledge that I have been provided an opportunity to review the NOTICE OF PRIVACY PRACTICES.

Patient's Signature Date