

REQUEST FOR ELECTRONIC VERSION OF THE NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy in an electronic or paper format by contacting Health Information Management Services.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or healthcare operations. We are not required to agree to the restriction, but if we do, we are bound by our agreement.

By signing below you are agreeing that you have requested an electronic version of the January 2013 revised copy of the Notice of Privacy Practices for Scheurer.

(Print patient name) (Date of birth)

Signature of Patient or Legal Guardian Date

Signature of Witness Date

Please send an electronic version of the Notice of Privacy Practices (please choose how you would like the electronic version sent to you)

____ Email to: _____

____ Mail a CD/USB to: _____
(Circle one) Street City State Zip



Request for Electronic Version of the Notice of Privacy Practices

ORIGINAL: MEDICAL RECORDS
YELLOW: PATIENT – Remove if
PINK: PHYSICIAN – not needed



Form# 972
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