Theresa Lerch, CNM CFNP-BC Lori Bowdler, FNP-BC Caitlin Shea FNP-C

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Notice of Privacy and Communication Practices for Theresa Lerch. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information (PHI). We encourage you to read it in full.

COMMUNICATION PRACTICES

Theresa Lerch CFNP CNM, Lori Bowdler FNP-BC and/or Caitlin Shea FNP-C may engage in one of more of the following activities:

A. May contact me to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

_____ I give permission to leave appointment information on my voicemail.

_____ I give permission to contact me at work with appointment or treatment information.

_____ I give permission to contact me via email regarding results, treatment information, and billing statements.

_____ I give permission to contact me via text message regarding appointment reminders.

B. May disclose protected health information to your insurance provider.

_____ I understand Theresa Lerch CFNP CNM, Lori Bowdler FNP-BC, and Caitlin Shea FNP-C have permission to send medical records to my insurance provider if required to process a claim. I also understand if I refuse, I will be financially responsible for the amount insurance denies due to lack of medical records.

C. Theresa Lerch CFNP CNM, Lori Bowdler FNP-BC and/or Caitlin Shea FNP-C May disclose protected health information to the following person(s):

_____

Name; relationship; date.
This designation shall remain in effect until cancelled in writing.

I, _____, have received a copy of the Notice of Privacy Practices. (Available upon Request.)

_____ _____ _____

Signature of Patient Date of Birth Date