Dr. Kenneth A. Godwin, DO
Board-Certified Plastic & Reconstructive Surgeon
301 Oxford Valley Road, Suite 903, Yardley, PA 19067
267-399-9930 • godwinplasticsurgery.com

HIPAA Acknowledgment

Patient Name: _____ Date of Birth: _____

Our Notice of Privacy Practices (NPP) explains how Godwin Plastic Surgery Center may use and disclose your protected health information (PHI). This form is provided to comply with the Health Insurance Portability and Accountability Act (HIPAA). The NPP includes a Patients' Rights section describing your rights under the law. Please review the NPP pamphlet thoroughly before signing this acknowledgment. If the terms of the 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 restrictions on how your PHI is used or disclosed for these purposes.

Communication Preferences

May we leave a message regarding an appointment on your primary phone voicemail? ☐ **Yes** ☐ **No**

May we leave a message regarding test results on your primary phone voicemail? ☐ **Yes** ☐ **No**

Sharing Information With Others

I give permission for Godwin Plastic Surgery Center to share my medical information with:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Acknowledgment

☐ I assume responsibility to inform the practice of any changes to the above information.

☐ I have received the most recent Notice of Privacy Practices (NPP) pamphlet.

_____

Signature of Patient (or Parent/Guardian) Date

_____

Print Name