

Barnes Urology
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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT AND CONSENT

The Notice of Privacy Practices tells you how we may use and share your health records in compliance with the Health Insurance Portability and Accountability Act (HIPPA), effective since 1997.

PLEASE READ IT!

- We will use and share your health records to treat you.
- We will use and share your health records to bill you for the service we provide.
- We will use and share your health records to run our business.
- We will use and share your health records as required by law

All the ways we may use and share your health records are explained in more detail in the Notice of Privacy Practices.

Oklahoma law requires we advise you that the information authorized for disclosure may include information that may be considered a communicable or venereal disease, including, but not limited to: Hepatitis, Syphilis, Gonorrhea or HIV.

I acknowledge that I have been offered a copy of Barnes Urology **PATIENT PRIVACY NOTICE**.

I consent to the use and sharing of my health records for treatment, payment and operation purposes as described in the Notice of Privacy Practices. I know that if I do not consent, you cannot provide services to me.

Barnes Urology may furnish my Medical Information (appointment date and time, labs, results of labs or scans, etc.) to the following Person(s): This includes: Spouse, child(ren), other relatives, or friends-The first person listed will be the emergency contact person.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Date: _____

Staff Only: If Patient did not, could not, acknowledge receipt of the Notice, indicate why:

