



AUSTIN DISC & SPINE

10815 FM 2222 Bldg. 3C Suite 100

Austin, TX 78730

(512) 345-9355 FAX (512) 345-9357

We are very concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, we are required to inform you of our privacy policies and procedures. We encourage you to read the document carefully for it outlines the use and limitations of the disclosure of your health information and your rights as a patient (located on the wall at our front desk). If you have any questions or concerns regarding the use or dissemination of your personal health information, we would be happy to address them.

*****PLACE A CHECK MARK ON THE ACTIONS THAT APPLY*****

I, _____, give **Austin Disc & Spine** permission to use or post my name in the office for the following reasons:

- Acknowledging referrals
- Promos/contests/special events
- Birthday card sent home/announcement
- Personal Testimonial
- Welcome/Greeting/Introductions
- Photo/kid's photos
- Receiving Emails
- I **DO NOT** want my name posted/used in the office for any reason.

~~~~~**There may be an occasion when we have to phone you** ~~~~~

I, \_\_\_\_\_, allow **Austin Disc & Spine** to:

- Call me at home
- Call me at work
- Leave a message at home
- Leave a message at work
- Contact me by cellular phone

I acknowledge that I have been informed of the **Austin Disc & Spine**. Notice of Privacy Practices for Protected Health Information.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

If patient is under 18, \_\_\_\_\_ is legal guardian for \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.