



**Patient Receipt of HIPAA Privacy Notice**

Suncoast Urgent Care Centers, LLC

Trinity Urgent Care

Suncoast Urgent Care

Suncoast Urgent Care, Centers, LLC is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations.

The federal privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA) have taken effect April 14, 2003. In support of our policy of complying with all applicable regulations, Suncoast Urgent Care Centers, LLC provides patients with the HIPAA Notice of Privacy Rights.

While not required in order to receive treatment at Suncoast Urgent Care Centers, LLC, we are obligated under the federal regulations to ask that you sign an acknowledgment of the HIPAA Privacy Notice being made available to you.

It is the office policy of Suncoast Urgent Care Centers, LLC not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, or cell phone. When returning telephone calls, if your answering machine picks up, we cannot leave a message unless the name and telephone number is on the recorded message identifying your residence. Also, information will not be left with an unauthorized person who may answer your telephone.

I authorize Suncoast Urgent Care Centers, LLC staff to leave medical information pertaining to my care by the following methods and will assume responsibility of notifying Suncoast Urgent Care Centers, LLC, in writing, if this information changes.

Home Phone	<input type="checkbox"/> yes <input type="checkbox"/> no	Cell Phone	<input type="checkbox"/> yes <input type="checkbox"/> no
Answering Machine	<input type="checkbox"/> yes <input type="checkbox"/> no	Voice Mail	<input type="checkbox"/> yes <input type="checkbox"/> no

Please list names of people authorized to receive your health information

Name _____	Relationship _____
Name _____	Relationship _____

**RECEIPT OF HIPAA NOTICE**

**I acknowledge receipt of the Notice of Privacy Rights with detailed information about how Suncoast Urgent Care Centers, LLC may use and disclose my protected health information. I understand that Suncoast Urgent Care Centers, LLC reserves the right to change the privacy notice and that a copy will be made available to me.**

\_\_\_\_\_  
**Printed Patient Name**

X \_\_\_\_\_  
**Signature of Patient or Parent/Guardian**

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**OFFICE USE ONLY: (To be completed only when patient declines to sign acknowledgment)**

\_\_\_\_ Check here if patient declined to sign acknowledgment

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

**To be filed in patient's record**