Tega Cay Psychiatric Associates, PA

Acknowledge of Receipt of Privacy Notice

I have been presented with a copy of Gina Hartmeier, MD Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following restrictions concerning the use of my personal medical information:

_____ _

_____ _

_____ _

Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts this assignment. Regulations pertaining to medical assignment of benefits apply.

_____ _____

Patient Signature Date

If not signed by patient, please indicate relationship to patient:

_____ _____

Relationship Date

_____ _____

Witness Date

If patient refuses to sign, indicate your attempt to obtain a signature below:

_____ _____

Employee Signature Date