YUKON WOUND CARE AND REHABILITATION

RECEIPT FOR NOTICE OF PRIVACY PRACTICES

The attached Notice of Privacy Practices handout describes how Yukon Wound Care and Rehabilitation and/or out-patient service provider's may use and disclose your medical information and how you can obtain a copy. Please review it carefully. Be signing below you acknowledge that you have received a copy or been explained our facilities Privacy Practices.

RELEASE OF INFORMATION

Yukon Wound Care and Rehabilitation will not discuss, or release your protected health care information to individuals (other than your physician) unless authorized. If you wish to have your medical info/ records discussed or released with someone other than your physician, please fill out the following:

I, _____, (patient) authorize Yukon Wound Care and Rehab to release and/or discuss my protected health care information with the following people:

Name:_____ Relationship:_____

Contact#_____

Name:_____ Relationship:_____

Contact#_____

_____Date:_____

Signature of Patient/Guardian for Receipt of Privacy Practices and Release of Info