


MEEHAN MEDICAL
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Patient Acknowledgement of Understanding Meehan Medical's Privacy Policies

Patient's Name: _____ **Date of Birth:** _____

I understand that the patient's health information is private and confidential. I understand that Meehan Medical works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that Meehan Medical may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual. One example would be if a patient threatened to hurt someone.

Meehan Medical has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting the patient's privacy. I understand that I have the right to read the "Notice" before signing this Acknowledgement.

Meehan Medical may update this Acknowledgement and "Notice of Privacy Practices". If I ask, Meehan Medical will provide me with the most current "Notice of Privacy Policies".

Within this "Notice of Privacy Practices" is contained a complete description of my privacy/confidentiality rights. These rights include, but aren't limited to, restrictions on certain uses; receiving an accounting of disclosures as required by law; and requesting communication be by specified methods of communications or alternative location.

Meehan Medical has established procedures, which help them meet their obligations to patients. These procedures may include other signature requirements, written acknowledgements, and authorizations; reasonable time frames for requesting information; charges for copies and non-routine information needs; etc. I will assist Meehan Medical by following the procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices."

My signature below indicates that I have been given the chance to review a current copy of Meehan Medical's "Notice of Privacy Practices".

Patient or legally authorized individual signature **Date**

Relationship to patient if signed by someone other than the patient (Parent, legal guardian, etc)