



Notice of Privacy Practices

Privacy Practice Agreement

The representatives of Baptist ENT Specialists strictly observe patient confidentiality and respect the patients' right to privacy of health information. Detailed information on the privacy practices can be obtained at each office's front desk, from any office personnel, or at <https://cdnl.baptistjax.com/images/patient-forms/baptist-health-complete-notice-of-privacy-practices.pdf>

I acknowledge receipt of a copy of the Baptist ENT Specialists Notice of Privacy Practices (NPP) either at this time or previously. By accepting services at Baptist ENT Specialists, I authorized Baptist ENT Specialists to use and disclose information from and release copies of my (the patient's) medical records in accordance with Baptist ENT Specialists' policies and privacy practices, which are summarized in the NPP, including disclosure to my (the patient's) past, present and future healthcare providers.

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|------------|-----------|------|
| | | |
| Print Name | Signature | Date |

Authorization to Release Information

Authorization Declaration

I, _____ hereby give authorization to Baptist ENT Specialists for the release of information concerning the status of my health care, including results of laboratory and radiology tests and to discuss my plan of treatment with:

Name: _____ Relation: _____ Phone: _____

OR

I, _____ **do not** authorize Baptist ENT Specialists to release my health care information to any individual other than my primary care physician and/or referring physician (if applicable).

I understand that by signing this form only the person designated above will have availability to all my medical and personal information that Baptist ENT Specialists have on file. I understand that this written authorization will remain in my permanent record and will not change at any time unless I issue a written consent to discontinue and/or change this authorization.

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| | | |
| Print Name | Signature | Date |

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| | | |
| Print Witness' Name | Witness' Signature | Date |