

PLEASE READ THIS CAREFULLY AND SIGN WHERE NECESSARY

**Health Insurance Portability and Accountability Act
(HIPAA)**

To our Valued Patients:

According to 2003 Federal law enacted to protect patient-rights, it is the responsibility of this office to protect confidentiality to our patients. Therefore, in order to utilize your name in public view on our office 'Thank You' patient-referral board located in our waiting area, we must have your permission.

We have utilized this patient-referral system since the inception of our business as a visible acknowledgement to those who have services provided, as a means to express our gratitude in patient confidence.

Please print and sign your name below if you agree to have your name placed on our referral board. This permission agreement will become part of your confidential patient-file contents, held in our office.

Please Print Name:

It is **OKAY to use my name on the referral board in the waiting room,
Signed:**

X _____ Date _____

OR...

It is **NOT OKAY to use my name on the referral board in the waiting room,
Signed:**

X _____ Date _____