

Daher Asthma and Allergy Clinic PLLC

2136 Exeter Rd, Ste 103

Germantown TN 38138

Tel # 901-203-6055

Acknowledgment of Receipt of Privacy Notice

Patient Privacy Information Sheet

Updated as of November 11,2019

Today's Date: _____

Name: _____

DOB: _____ **Last Four Digits of SSN:** _____

Address: _____

If there are family or friends with whom you wish for us to be able to share your information about your health and the services you receive from us, please list those individuals below and mark which types of information we may discuss with them.

Name	Relationship	Phone #	ALL Info	Billing Info	Medical Info	Other Info: Please specify

If today is your first visit to our office, you are receiving a Notice of Privacy Practices that explains how our office may use and disclose your health information. Please sign below to indicate your receipt of the Notice. If this is not your first visit, you previously received a Notice of Privacy Practices. However, you are welcome to request another copy of the Notice of Privacy Practices at any time by asking the front desk. Please sign below to acknowledge current or previous receipt of the Notice of Privacy Practices.

Signature _____ **Date** _____

Please notify us promptly and complete a new form if any of the information on this sheet changes.