



**SOUTHERN FAMILY MEDICINE**  
16312 Mount Airy Road ♦ Shrewsbury, PA 17361  
(717) 227-3800

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

and

**AUTHORIZATION TO USE AND DISCLOSE MEDICAL  
INFORMATION FOR PAYMENT PURPOSES**

Southern Family Medicine is and has always been committed to maintaining the privacy of our patients' medical records. Under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), patients have certain rights to privacy regarding their medical records and other individually identifiable health information. As permitted by law, our patients' health information can and will only be used to conduct, plan and direct your treatment; obtain payment from third party payors; and conduct normal health care operations. As required by law, we have provided you with a copy of our practice's Notice of Privacy Practices. You are not required to read this Notice. However, we would like your acknowledgement that you have been notified that Southern Family Medicine has such a Notice of Privacy Practices.

**Note:** Southern Family Medicine reserves the right to make changes to this Privacy Notice as necessary without notifying our patients. A current copy will be available at our office; you may ask for one at any time. You may also obtain a copy on our website at [www.SouthernFamilyMed.com](http://www.SouthernFamilyMed.com).

**Authorization:** By signing below, I authorize Southern Family Medicine to use and disclose medical information about me so that the treatment and services provided by Southern Family Medicine may be billed to, and payment may be collected from, me, an insurance company, a governmental entity (such as Medicare), or a third party.

**Acknowledgment:** I have received a copy of the current Notice of Privacy Practices of Southern Family Medicine, LLC.

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of patient