6 Office Park Drive
Palm Coast FL 32137
Phone (386) 447-6615
Fax (386) 447-1266

140 Pinnacles Drive
Palm Coast FL 32164
Phone (386) 597-2829
Fax (386) 313-1923

www.mediquickfl.com

Notice and Acknowledgement

I acknowledge that I have received that attached Notice of Privacy Practices.

____ ______________________

Patient or Personal Representative Signature Date

If Personal Representatives Signature appears above please describe Personal Representatives relationship to the Patient.

Relationship: ____

HIPAA Right of Access for Family Member/Friend

I, ________________________________, direct my health care and medical services providers to disclose and release my protected health information described below to:

Name: ________________________________Relationship: ___________________________

Contact information: ____

____

Health Information to be disclosed upon the request of the person named above –

(Check either A or B):

□A. **Disclose my complete health record** (including but not limited to diagnoses, lab tests, prognosis, treatment, and billing, for all conditions) **OR**

□B. **Disclose my health record, as above, BUT do not disclose the following** (check as appropriate):

□Mental health records
□Communicable diseases (including HIV and AIDS)
□Alcohol/drug abuse treatment
□Other (please specify): ____