

# HIPAA NOTICE OF PRIVACY PRACTICES

*Brad Rodgers, MD Family Practice & Sports Medicine*

I have reviewed this office's HIPAA Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document should I request.

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

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

\_\_\_\_\_  
Date

## Complaints:

If you would like to submit a comment or complaint about our privacy practices, you can do so in writing by outlining your concerns and sending it to:

**Brad Rodgers, MD Family Practice & Sports Medicine, LLC**  
**102 3<sup>rd</sup> Ave., Suite A Kearney NE 68845**

For additional information regarding your rights, you may visit <http://www.hhs.gov/ocr/hipaa/>

---

## Authorization of Use and Disclosure of Protected Health Information

### Authorization to contact and leave messages:

Brad Rodgers, MD Family Practice & Sports Medicine, LLC will contact patients by mail or phone for reminders or other communications regarding appointments or other medical information. This authorization will give us permission to contact you by mail or phone and to be able to leave messages.

Please list the names of persons we may contact to discuss your protected health information with: **Please note that information given to any other individual may not be protected by the same federal regulations and may possibly be disclosed again.**

Name	Address	Phone	Relationship
1. _____	_____ _____	_____	_____
2. _____	_____ _____	_____	_____

---

## Emergency Contact Information

Please list person that we may contact for an emergency

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Printed name of patient or patient's representative

\_\_\_\_\_  
Signature of patient or patient's representative

\_\_\_\_\_  
Date