VASCULAR INSTITUTE
OF CHATTANOOGA

Acknowledgement of Receipt of Privacy Notice / HIPAA

I have been presented with a copy of Vascular Institute of Chattanooga's Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the notice and I request the following restriction(s) concerning the use of my personal medical information.

_____

_____

Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits, either to myself or to the party who accepts assignments. Regulations pertaining to medical assignments apply.

Patient Signature: _____ Date: _____

Patient Portal Acknowledgement

If you are a patient in our office, and have an email account, you may have access to our free online service available, called the "Patient Portal." To use the Patient Portal, please provide your email address below. Our reception personnel will begin the process by entering your address into our EMR and providing you with a username.

Email Address: _____

Important Information Regarding the Patient Portal:

- Use is limited to non-emergency communication requests, primarily involving reviewing lab results and records, prescription refill request, requesting appointments, and staff messages.
- The portal facilitates communication between appointments. However, the portal does not replace your scheduled office appointments.
- The messages are not checked on weekends or holidays
- We will not send any private health information to your email

May we leave diagnostic test results on your voicemail? ☐ Yes ☐ No

If so, what is the number? (_____) _____-_____

May we discuss medical care with family member(s)? ☐ Yes ☐ No

Family Member(s) Names

_____ _____ _____

Patient or Personal Representative Signature Date Relationship