

DISCLOSURE OPT-OUT FORM AND ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Southern Tier Cancer Care
Neeta Soni, MD
328 Delaware Ave, Olean, NY 14760
(716) 372 1046

This form provides you with the opportunity to opt-out of having your health information disclosed to individuals involved in your care. You must return this form so we know your wishes in regards to such disclosure. If we do not receive this form we will assume your wishes are to release the information under these circumstances:

Disclosures to Persons Involved in Your Care

Southern Tier Cancer Care may disclose personal health information (PHI) about you to your family, close personal friends, or any person that you identify, as long as the information disclosed to those individuals is relevant to their involvement in your care or the payment for your care. Please initial one of the following to indicate your choice regarding such disclosures:

_____ **I do not object** to my personal health information being disclosed to a family member, friend, or another individual involved in my care.

_____ **I do not want** my personal information disclosed to the following individuals:

_____ **I object** to my personal health information being disclosed to a family member, friend, or another individual involved in my care except _____.

-----X-----

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that this Notice may be changed at any time. I may obtain the current copy of the Notice by calling (716) 372-1046.

Signature of patient (or personal representative) Date

Witness/STCC employee Date

* As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

Signature Relationship

For Office Use Only

Reason why acknowledgement is not signed _____

Office Employee Date