SYNERGY
HEALTH PARTNERS

HIPAA DISCLOSURE ACKNOWLEDGEMENT

AURORA OFFICE
14111 E. Alameda Avenue
Suite 200
Aurora, CO 80012
Phone: (303) 343-1357 | Fax: (303) 343-3036

THORNTON OFFICE
8515 Pearl Street
Suite 100
Thornton, CO 80229
Phone: (303) 630-0400 | Fax: (303) 630-0405

DENVER OFFICE
1250 S. Sheridan Blvd.
Denver, CO 80232
Phone: (303) 927-7119 | Fax: (303) 568-9331

It is the policy of all the clinics and providers at the location listed above to disclose your protected information for the purposes of treatment, payment, and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this acknowledgement.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us at (303) 343-1357. You have the right to request that we restrict how we use and disclose your protected health information for the purposes of treatment, payment, and health care operations. We are **not** required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

The undersigned hereby acknowledges receipt of Notice of Health Information Privacy Practices:

Signature: _____ Date: _____

If not signed by patient, please indicate relationship: _____

Synergy Health Partners endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time.

MAIL, EMAIL, VOICE MAIL, TEXTS AND PATIENT INFORMATION CONSENT

By signing below, I consent to be contacted by regular mail, by email or by telephone, regarding any matter related to the above referenced account by the creditor, its successors or assigns. This includes any updated or additional contact information that I may provide and include contact that employ auto-dialer technology and/or prerecorded messages.

In effort to protect your privacy, we have developed the following policy on leaving medical care messages and sharing patient information:

- We will **NOT** leave messages with anyone except the patient or legal guardian;
- We will **NOT** leave any confidential information on an answering machine;
- We will **NOT** leave any messages on a voice mail;

UNLESS, WE HAVE YOUR WRITTEN PERMISSION TO DO SO.

Please read below and consider carefully whom you authorize to have access to protected information regarding your care.

I, _____, give Synergy Health Partners my permission to speak with and/or leave phone messages with the following. I fully understand that this consent will remain valid until revoked in **WRITING**.

My Home/ Cell answering machine (_____) _____ - _____ Initials: _____
(_____) _____ - _____ Initials: _____
My Office/ Work voice mail: (_____) _____ - _____ Initials: _____
My Spouse:_____ (_____) _____ - _____ Initials: _____
My Guardian: _____ _____ (_____) _____ - _____ Initials: _____
Other: _____ (_____) _____ - _____ Initials: _____

Signature: _____ Date: _____