

# Integrity Home Care & Hospice

## Notice of Privacy Practices Acknowledgment & Permitted Individuals Involved in Your Care



I, *(Print Client Name)* \_\_\_\_\_, acknowledge that Integrity Home Care & Hospice has provided me a copy and I have received a copy of their **Notice of Privacy Practices (rev. 9/2013)**.

\_\_\_\_\_  
Client or Legal Guardian Signature

\_\_\_\_\_  
Date

### Permitted Individuals Involved in Your Care

During the provision of your medical care, it may be necessary for Integrity Home Care & Hospice staff to communicate with your family members or other individuals involved in your care. To assist us in identifying appropriate individuals, we ask that you provide information regarding people to whom we may communicate:

	Permitted Individual #1	Permitted Individual #2	Permitted Individual #3
<b>Name</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Phone</b>			
<b>Relationship</b>			
<b>Type of Information</b> <i>(Health, Financial, All)</i>			

### For Staff Use Only

Vision Entry Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

If acknowledgment not obtained, reason for absence \_\_\_\_\_

\_\_\_\_\_  
Staff Name Printed

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

### Routing Instructions

**All Divisions:** Once uploaded in Vision (Census/Patient Info/Attachments), form is filed in client chart

**Clients w/ multiple service lines:** If no changes to contacts, form not required.

**Clients w/ changes to approved contacts:** Follow certified or hourly procedure.