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HIPAA Documents and Supplier Standards Receipt

I, _____, have received the following document(s) on
(Print Name)

_____, and I agree to the terms listed within them.
(Date)

| Document Name | Description |
|--|--|
| Assignment of Benefits authorization to release information. | Assignment of Benefits & Authorization |
| Copy of Warranty & Payment Agreement Policy | Warranty Policy |
| MEDICARE DMEPOS SUPPLIER STANDARDS | Supplier standards that our facility must conform to provide O & P care. |
| Privacy Practice. | Acknowledgement Receipt of Notice of Privacy Practices. |

Patient (or guardian)

Date

NOTICE OF CONFIDENTIALITY: This document contains unconditionally private medical records. Any improper use of the information contained herein constitutes a breach of patient medical confidentiality.