



Notice of Privacy Practices – Acknowledgement of Receipt

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. Our Noticed of Privacy Practices describes in more detail how our health information may be used and disclosed, and how you can access your information.

In addition, do we have your permission to:

Leave a message on your answering machine at home?

[] Yes [] No [] Do not have an answering machine.

Leave a message at your place of employment?

[] Yes [] No [] Retired/Not employed

Discuss your medical condition with a member(s) of your family?

[] Yes, please print the name of those members below [] No [] Does not apply

Name and Relationship to Patient

Phone Number

Three horizontal lines for entering names and phone numbers.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Signature line and Date line.

Printed Name of Patient : _____ Date of Birth: _____

Printed name if signed on behalf of the patient Relationship (Parent, legal guardian, personal representative)