



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of the Notice of Privacy Practices of this office.

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Home phone | <input type="checkbox"/> Written communication |
| <input type="checkbox"/> OK to leave message with detailed information | <input type="checkbox"/> OK to mail to my home address |
| <input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> OK to mail to my work/office address |
| <input type="checkbox"/> Work phone _ | <input type="checkbox"/> OK to fax to number indicated |
| <input type="checkbox"/> Other (fax, cell) _____ | <input type="checkbox"/> OK to text to cell phone |

I allow you to give my clinical information to or answer questions from (check all that apply):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

PLEASE NOTE: IT IS YOUR RIGHT TO REFUSE TO SIGN THIS ACKNOWLEDGEMENT.

Signature: _____

Date: _____

Print name: _____

Date of Birth: _____

OFFICE USE ONLY

We tried to obtain written acknowledgement by the individual noted above of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- | |
|--|
| <input type="checkbox"/> An emergency prevented us from obtaining acknowledgement |
| <input type="checkbox"/> A communication barrier prevented us from obtaining the acknowledgement |
| <input type="checkbox"/> The individual was unwilling to sign |
| <input type="checkbox"/> Other _____ |