



### PRIVACY PRACTICES ACKNOWLEDGEMENT

I have been provided an opportunity to review the Notice of Privacy Practices.

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosure 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):

- Home Telephone:
  - O.K. to leave message with detailed information
  - Leave message with call-back number only
  
- Work Telephone:
  - O.K. to leave a message with detailed information
  - Leave a message with call-back number only
  
- Written Communication
  - O.K. to mail to my home address
  
- Email Communication: Email Address:  
\_\_\_\_\_
  - O.K. to email correspondence