

To Our Patients:

New Federal law requires that we provide you with a copy of our Privacy Notice. The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the notice. We wish to reassure you that your information is safe in our office.

The regulated information is both in paper and electronic format. To verify we understand your preferences, please help us with the following: Please check the box in front of any preferred methods of communication with our office.

I like getting email reminders, newsletters or other useful information from your office *(We never share, sell, or otherwise release your email address)*

Email address _____

I like getting text message reminders, or other useful information from your office *(We never share, sell, or otherwise release your cellular number)*

Cellular number _____

I like getting appointment reminder postcards, newsletters, and other useful information from your office in a paper format

(We never sell, share, or release your mailing address.)

Mailing address _____

I prefer you use my work number *(Same or new)* _____ Home Number _____

For VOICE ONLY REMINDERS. *(I understand these reminders may occur using an automated calling system, and may fall on a weekend day.)*

I prefer not to be contacted by any of the above methods for any reason about an appointment with your office.

(We consider your appointment to be reserved time, and a missed reservation fee of \$25 per 15 minutes of reserved time may be required.)

If you have questions about the Privacy Notice, or the methods we use to secure your information, both in paper as well as electronic format, please feel free to direct these to our Privacy Officer at any time. The name and contact number of the Privacy Officer is located in your copy of the Privacy Notice that is available on the website and in our office.

You are allowed under Federal law to change your preferences at any time, and to be notified of any changes to our Privacy Policy. We will notify you of any changes by your preferred method(s) of communication.

I, *(please print your name)* _____, have received a copy of this office's Notice of Privacy Practices.

Signature _____ Date _____

IF PATIENT IS UNABLE TO ACKNOWLEDGE RECEIPT, STAFF MEMBER PROVIDING NOTICE TO COMPLETE THIS SECTION

The Privacy Notice was provided to:

Patient name _____ Date _____

The patient was unable to acknowledge receipt of the Privacy Notice for the following reasons _____

Staff signature _____