Rehabilitation Physicians, PC
Relieving Pain and Restoring Lives

PRIVACY NOTICE ACKNOWLEDGEMENT

Patient Name _____ Account Number _____

EFFECTIVE DATE OF THIS NOTICE: April 14, 2003

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES
"I hereby acknowledge that I have been provided a copy of this practice's NOTICE OF PRIVACY PRACTICES. I further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified or changed in any way."

_____	_____	_____	_____
Patient or Representative's Name (please print)	Patient or Representative's Signature	Relationship to Patient	Date

The patient presented for treatment on this date was provided with a copy of the practice's Notice of Private Practice. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice. However, an acknowledgement was not obtained because:

☐ Patient refused to sign

☐ Patient was unable to sign or initial because: _____

THE FOLLOWING PERTAINS TO MEDICAL INFORMATION ONLY

APPOINTMENT REMINDERS: We may use an automated message system by voicemail, text message or email to contact you as a reminder that you have an appointment for treatment or medical care at this office.

Please fill out the bottom half of this form for any person that you would like us to speak to regarding your care. This will allow us to give this person(s) test results, communicate information from your office visit and other Protected Health Information. We **will not** release a copy of your medical record to this person(s) without your specific request. This request may be revoked at any time, by written or verbal request.

I, _____ hereby request confidential communication of my protected health information to the following individual(s):

NAME: _____ RELATIONSHIP TO PATIENT _____

NAME: _____ RELATIONSHIP TO PATIENT _____

NAME: _____ RELATIONSHIP TO PATIENT _____

_____	_____	_____
Patient Signature	Date of Birth	Date

I wish to be contacted in the following manner for verbal communication:

Home Telephone (____) _____ ☐ Okay to leave message with detailed information

Cell Telephone (____) _____ ☐ Leave practice name and call back number only

Work Telephone (____) _____