



# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, have read/received (or declined to read/receive) a copy of the Notice of Privacy Practices/Patient Rights and Responsibilities 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.

Would you like our correspondence with you marked "Confidential"  Yes  No

May we identify ourselves over the phone  Yes  No

May we leave a detailed voicemail  Yes  No

Leave a message with call-back number only  Yes  No

May we send written information  Yes  No

I, \_\_\_\_\_, (the patient, or the guardian of the patient) hereby authorize Journey to Health and Wellness to release my medical information via postal mail, telephone, fax, or email to the following people.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Appointments  Results  Diagnosis/Treatment  Billing

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Appointments  Results  Diagnosis/Treatment  Billing

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Appointments  Results  Diagnosis/Treatment  Billing

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

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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:

- An emergency prevented us from obtaining acknowledgement
- A communication barrier prevented us from obtaining the acknowledgement
- The individual was unwilling to sign
- Other