

Acknowledgement of Notice of Privacy Practices

Name _____ DOB _____

Our Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information (PHI) about you.

I have been given a copy of Raleigh Infectious Diseases Associates' Notice of Privacy Practices, version 2.2 effective 10/01/2015. I consent to the uses and disclosures of my health information as outlined in the Notice.

In order to contact you regarding treatment, payment and health care operations, we would like for you to be aware of ways in which you may be contacted. You may be contacted through the work, home, and mobile phone numbers. Our staff may leave discreet messages on your answering machine, voice mail, or with others. Appointment reminders, account statements, and medical correspondence will be mailed to your home address, as well as other information that is critical to our treatment, payment and healthcare operation.

Please list all phone numbers in order of preference:

1. Phone _____ home work cell
2. Phone _____ home work cell
3. Phone _____ home work cell

Please list one family member or other representative with whom we may contact to discuss your healthcare and/or billing information:

Name: _____ Relationship: _____

Phone : _____

Signature of Patient or Representative

Date

For internal use:

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain acknowledgment and the reason you could not obtain it:

- Refused to Sign/Acknowledge Physical/Mental Limitations

Other _____

Staff Signature

Date