



INFORMATION SHEET
INSTRUCTIONS: PLEASE PRINT ALL INFORMATION

PATIENT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (HOME) _____

PHONE (CELL) _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

EMERGENCY CONTACT _____

RELATIONSHIP _____

PHONE NUMBER _____

PRIMARY CARE PHYSICIAN/PRACTICE _____

PHONE NUMBER _____

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices. I am aware that the Notice may be changed at any time and that I may request a copy of the revised notice by contacting the Office Manager.

Signature of Patient or Authorized Person

Date

For Staff Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- An emergency situation existed and a signature was not possible at the time.
- Unable to communicate with the patient for the following reason: _____
- Other _____

STAFF SIGNATURE _____ **DATE** _____