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Privacy Practices Acknowledgement:

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.



Printed Name of Patient

Signature of Patient or Legal Guardian

Date

Contact Permission:

In the event that Dr. Hallett or the staff need to contact you (patient) regarding appointments, lab results or prescriptions, it is permissible to:

Check all that apply:

Leave a message on an answering machine.

Speak with spouse / significant other.

Speak with other family members. (List names below)

Name

Relationship

Name

Relationship