

## PRIVACY ACKNOWLEDGEMENT / RECORD OF DISCLOSURE

Patricia Roy, D.O. PC, is compliant with the HIPAA privacy rule, which restricts the type of information we may give out and to whom we may give it. In order to maintain quality customer service, without jeopardizing patient confidentiality, we are asking that you sign this form and select the following options of communication that you find acceptable.

I, \_\_\_\_\_ wish to be contacted in the following manner (check all that apply).

- Home Phone** \_\_\_\_\_
  
- Okay to leave detailed message on answering machine
  
- Okay to leave detailed message with \_\_\_\_\_
  
- Leave message to return to call only \_\_\_\_\_
  
- Work Phone** \_\_\_\_\_
  
- Okay to leave detailed message on voicemail
  
- Okay to leave detailed message with \_\_\_\_\_
  
- Leave message to return call only \_\_\_\_\_  
\_\_\_\_\_
  
- Cell Phone** \_\_\_\_\_
  
- Okay to leave detailed message on voicemail
  
- Okay to leave detailed message with \_\_\_\_\_
  
- Leave message to return call only \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Relationship to patient if signing on patient's behalf

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Please be aware that you may change the options selected at any time. If you find that the options you have selected are no longer appropriate, please ask to complete a new form for our records. Thank you!