ENTRUST
MEDICAL GROUP

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the ***Notice of Privacy Practices***. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full. I acknowledge receipt of the ***Notice of Privacy Practices***.

Signature:		Date:
Print Name:		Date:

If not signed by the patient, please indicate who signed:

□ Parent or guardian of minor patient
□ Guardian or conservator of an incompetent patient
□ Beneficiary or personal representative of deceased patient

Name of Patient:____

CONFIDENTIAL CONTACT INFORMATION

- If it becomes necessary to contact you by phone, do we have your permission to leave messages on your answering machine or voicemail? □Yes or □No
- What is the best time of day to reach you? ____________________
- Where do you prefer to receive our call? □Home phone/ □Work phone/ □Cell phone

DISCLOSURE OF CONFIDENTIAL HEALTH INFORMATION

I agree that ENTRUST Medical group, may disclose/discuss my health information with the following persons listed below as persons involved with my healthcare. I understand that I am not required to list anyone. I also understand that I may change this list at any time.

Name/Relationship ______________________________ Phone ____________________

Name/Relationship ______________________________ Phone ____________________

Name/Relationship ______________________________ Phone ____________________

FOR OFFICE USE ONLY: INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reason why the acknowledgement was not obtained:

Signature of provider representative: Date:

□ Individual refused to sign
□ Communication barriers prohibited obtaining the acknowledgement
□ An emergency situation prevented us from obtaining acknowledgement
□ Other (Please Specify)____