

Privacy Practices Acknowledgement


ACKNOWLEDGEMENT FORM

Missoula Bone and Joint is very concerned about the protection of your health information. **Federal law** is requiring all physician offices to have a signed privacy statement on file for every patient. In order to serve you we must have an existing Privacy Acknowledgement form on file. This law is intended to protect the privacy of your medical records.

Thank you

I have been given the opportunity to review the Notice of Privacy Practices.

Patient Name: _____ Birth Date: _____

 **Signature:** _____ **Date:** _____

Patient's Personal Representative & Relationship _____

Any and all situations can be discussed with _____

In case of emergency, please contact _____ Phone _____

I do, I do not give permission to leave detailed messages on my answering machine regarding appointments, instructions for surgery, test results, billing and/or insurance issues or other pertinent information from Missoula Bone & Joint or Missoula Bone & Joint Surgery Center.

_____ This may be used as a secondary contact.

(Email Address)

Please send me educational emails on topics such as injury prevention, immediate management of injuries, orthopedic "hot" topics, new research, and upcoming seminars and workshops.

FOR OFFICE USE ONLY

*For use by **Missoula Bone & Joint** personnel if unable to obtain a written acknowledgment of receipt of the NOPP from the patient.*

I have made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above named patient, but was unable to for the following reason:

- | | |
|--|--|
| <input type="checkbox"/> Language Barrier | <input type="checkbox"/> Read Later and Return |
| <input type="checkbox"/> Patient Cannot Read | <input type="checkbox"/> Unable to Sign |
| <input type="checkbox"/> Patient Objects | <input type="checkbox"/> Other: _____ |

Employee Name: _____ Date: _____