

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY NOTICE OF PRIVACY PRACTICES

December 13th, 2023

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke the Consent in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. Menlo Osteopathy provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

_____ Name of Patient (print)	_____ Signature of Patient	_____ Date
_____ Signature of Patient Representative <small>(Required if Patient is a minor or an adult who is unable to sign this form)</small>	_____ Relationship to Patient	_____ Date

I understand that my health care and the payment for my health care will not be affected if I do not sign this _____ (initial).

COMMUNICATION PREFERENCES:

From time to time Menlo Osteopathy may wish to use or disclose your protected health information to individuals involved in your care for notification purposes after we have obtained your verbal or written permission.

Menlo Osteopathy is authorized to: (Please check all that apply.)

- Notify or speak with my spouse or my family members, i.e., children, siblings, mother, father regarding treatment or proposed treatment
Family Member & Phone Number:

- Notify or speak to my caregiver regarding treatment or proposed treatment
Caregiver Name and Phone Number:

- Notify or speak to my friend regarding treatment or proposed treatment
Friend Name and Phone Number:

- Notify my transportation service regarding my delivery or pick-up to or upon completion of my treatment
Transport Service and Phone Number

- Other (please specify Name, Relation, and Phone Number)

How may we contact you with reference to your appointment, proposed treatment, follow-up appointments, lab testing, radiology and other situations regarding your protected health information?

If I am not available, Menlo Osteopathy may: (please check all that apply)

- Leave a message with my spouse or those members listed above
- Leave a message on my answering machine, voice mail or cell phone
- Leave a message with my interpreter (for foreign speaking patients)
- Other _____