

SupraCare Family Health

310 E. Hoskins, New Boston, TX 75570, P(903)628-7877 F(903)628-7876, www.supracareclinic.com

Patient Name _____

DOB _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

The notice of Privacy Practices for SupraCare Family Health has been made available for me to review. I understand that I may request a copy for myself of this notice or obtain a copy from their website at www.supracareclinic.com at any time. I also understand that I will receive notice of any changes made to the Privacy Practices for SupraCare Family Health when any changes are made or access the revised copy on the website provided above.

Signature

Date

COMMUNICATIONS CONSENT

I give permission for SupraCare Family Health to contact me in the following manner: (please mark all that apply and provide phone numbers for those choices)

Verbal Communication:

_____ Home Phone #: _____

Leave message w/information: Y N

_____ Cell Phone #: _____

Leave message w/information: Y N

_____ Work Phone #: _____

Leave message w/information: Y N

***Please note: If "no" is chosen for any of the above verbal communication choices, messages will be left for you to return the call to our office only. ***

Written Communication:

_____ I give permission to have correspondence mailed to my home address: YES NO

_____ I give permission to have correspondence faxed to this number: _____

Our office uses an automated calling system for appointment reminders, account notifications, and notifications of receipt of test results. Do you wish for SupraCare Family Health to utilize this service when contacting you?

Y N ***If you chose "no", you will NOT receive automated calls from our office. ***

***If you chose "yes", please indicate your preference on how you may be contacted:**

_____ Home Phone

_____ Cell Phone

_____ Work Phone

Signature

Date