Teresa Yin, D.C. ◆ 39210 State Street, Suite 110 ◆ Fremont, CA 94538 ◆ (510) 793-6302

PATIENT ACKNOWLEDGEMENT & AUTHORIZATIONS

PRIVACY ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices, and I have been provided an opportunity to review it.

NAME: _____ DOB: _____

SIGNATURE: _____

DATE: _____

For Office Use Only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign the acknowledgement.
- ☐ Communication barriers prohibited obtaining the acknowledgement.
- ☐ An emergency situation prevented us from obtaining the acknowledgement.
- ☐ Other (please specify): _____

  _____

◆ ◆ ◆ ◆ ◆ ◆ ◆

CHANNEL OF COMUNICATION:

As required of HIPPAA of 1996, you have a right to request that communication concerning your personal health information be made through confidential channels. We will make reasonable efforts to accommodate all reasonable requests.

I hereby request the use of the following communication channels for information related to my personal health, treatment, and/or payment for services.

Preferred Contact Phone #1: _____

Alternate Contact Phone #2: _____

Permission to leave voicemail messages on: ☐ Phone #1 ☐ Phone #2

If you are unavailable, I give this office permission to speak with/leave a message with:

☐ Any Family Member ☐ Partner Only ☐ Nobody ☐ Other: _____