

Wendy Giles, M.D.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I, _____ have read the Notice of Privacy Practices.

Please print name _____

Signature _____

Date _____

| |
|---|
| <p>I will allow the following people access to my medical information. You don't have to check any of them if you would like your information private.</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other _____</p> <p>Name of Individual _____</p> <p>Name of Individual _____</p> <p>Patients Signature _____ Date _____</p> <p>Dr. Wendy Giles office is allowed to leave a voicemail with: Lab/Test results, Y/N or voicemail with appointments details, Y/N</p> |
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|---------------------|
| For Office Use only |
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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

() Individual refused to sign

- Communication barriers prohibited us from obtaining acknowledgment
- An emergency situation prevented us from obtaining