

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

NAME OF PATIENT (PLEASE PRINT): _____ **DATE OF BIRTH:** _____

I request that all communications to me (by telephone, mail or otherwise) by Valley Foot and Ankle staff be handled in the following manner:

- For written communications

Patient Address: _____

- For oral communications

Home Phone:
() _____ - _____

- OK to leave message with detailed information
- Leave message with call back number only

Cell Phone:
() _____ - _____

- OK to leave message with detailed information
- Leave message with call back number only

Work Phone:
() _____ - _____

- OK to leave message with detailed information
- Leave message with call back number only

Who is the responsible party for outstanding balances: _____

Address: _____

Home Phone: _____
Cell Phone: _____
Work Phone: _____

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

At Valley Foot and Ankle we keep record of the health care services we provide to you. You may request a copy of those records. You may also request to correct your records. Your private health information will not be disclosed to others unless you authorize us to do so or if we are required to by law authorities. If you have any questions regarding our Privacy Practice please call Valley Foot and Ankle and ask for the Privacy Officer.

Rhonda M, Office Manager – 425.226.5656

Whom may we share your private health and financial information with?

Name: _____ Relationship: _____ Contact Number: _____
Name: _____ Relationship: _____ Contact Number: _____

I hereby acknowledge that I have received a copy of this medical practice’s Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area.

Print Name: _____

Patient or Guardian Signature: _____ **Date:** _____

I would like to receive a copy of any amended Notice of Privacy Practices by email at:

[For Practice Use Only]

Practice:	<input type="checkbox"/> Accept	<input type="checkbox"/> Denies
Privacy Officer Signature:	_____	
Date:	_____	