



RECEIPT OF NOTICE OF PRIVACY PRACTICES

WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have received a copy of Urology Associates' Notice of Privacy Practices.

Signature of Patient

Date

	Yes	No	N/A
Can we leave a message on your answering machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can we leave a message with any person answering your telephone if you are not available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can we page you? Pager # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can we contact you on a cellular phone? Cell # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can we contact your at your place of employment? Employer's Phone Number: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Whom may we release medical/billing information to (list all)?

- _____ DOB _____
- _____ DOB _____
- _____ DOB _____
- _____ DOB _____

Initials