Hyperbaric Wellness Center

Acknowledgement Receipt for Notice of Privacy Practices

I acknowledge that I was provided a copy of the *Notice of Privacy Practices* and that I have read (or had the opportunity to read if I so chose) and understood the notice.

Patient Name (please print): _____ Date: _____

Parent or Authorized Representative (if applicable): _____

Signature: _____

Request For Confidential Communication

I request that all communications to me (by telephone, mail, or otherwise) by Hyperbaric Wellness Center and/or its staff be handled in the following manner:

For written communication: Address to: _____

_____

_____

For oral communication: Call: (_____)_____-_____

May we leave a message? Yes _____ No _____

If you would like for people other than yourself (i.e. Spouse, Parent, Children, Social Worker) to have access to your medical information, please list them below:

Name	Relationship
_____	_____
_____	_____

If the address provided above is not your home address or is not a street address, please provide us with a street address for purposes of ensuring payment:

_____

_____

_____

Patient Signature: _____ Date: _____