



## Notice of Privacy Practices Acknowledgement and Communication Preference Sheet

I acknowledge that I was offered and/or provided a copy of the Notice of Privacy Practices for OEI.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Personal Representative (if applicable)

\_\_\_\_\_  
Print name of Personal Representative (if applicable)

### For practice use only:

If patient/representative refuses signature above, sign below that patient was offered/provided a Notice of Privacy Practice but refused signature.

\_\_\_\_\_  
Signature of Practice Employee

\_\_\_\_\_  
Date

**From time to time OEI may need to communicate with you and/or your family members. Please indicate below which communication methods are acceptable and/or preferred.**

- ◆ OEI may call to remind patients of an upcoming appointment; may we leave a voicemail as such if you are not able to answer the phone?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which phone number would you prefer we call?

\_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell. Please list all numbers you checked:

\_\_\_\_\_.

If no, may we email you a reminder instead? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Please list your desired email: \_\_\_\_\_.

- ◆ OEI may call to provide test results; may we leave a voicemail as such if you are not able to answer the phone?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which phone number would you prefer we call?

\_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell. Please list all numbers you checked:

\_\_\_\_\_.

If no, may we email you a reminder instead? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Please list your desired email: \_\_\_\_\_.

- ◆ When we call if a family member answers may we leave a message with them regarding either appointment reminders or test results? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list which family members: \_\_\_\_\_.