

**Premier Orthopedic Specialists of Tulsa
Acknowledgement of Receipt of Notice of Privacy Practices**

PATIENT NAME: _____ **DOB:** _____

I hereby acknowledge that I have received a copy of Premier Orthopedic Specialists of Tulsa Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

| | |
|---|--|
| <hr/> Signature of Patient or Legal Representative | <hr/> Date |
| <hr/> Printed Name of Patient's Representative (if applicable) | Relationship to Patient (if applicable) <input type="checkbox"/> Parent or guardian of unemancipated minor <input type="checkbox"/> Court appointed guardian <input type="checkbox"/> Executor or administrator of decedent's estate <input type="checkbox"/> Power of Attorney |

REQUEST FOR CONFIDENTIAL COMMUNICATION

I, _____ (patient) _____ (date of birth) hereby give Premier Orthopedic Specialists of Tulsa permission to discuss my medical and/or billing information with the following person/persons:

- 1. Name:** _____ **Phone Number:** _____
- 2. Name:** _____ **Phone Number:** _____
- 3. Name:** _____ **Phone Number:** _____
- 4.**

Either by oral communication or written communication, whichever is appropriate at the time.

I, _____ (patient) _____ (date of birth) hereby give Premier Orthopedic Specialists of Tulsa permission to leave messages on my (Please check mark box or Boxes):

Voicemail____, **email**____, **or cell phone** _____.

Patient Signature _____
Date

=====
Privacy Practice: ___ Individual Refuses to Sign
 ___ Communication Barriers Prohibited Obtaining the Acknowledgement
 ___ An Emergency Situation Prevented us for Obtaining Acknowledgement
 ___ Other