

Receipt of Notice of Privacy Practices
Written Acknowledgement Form
PBD&P, Inc.

I, _____ have been given the opportunity to read a copy of
PBD&P's Notice of Patient Privacy Practices.

Signature of Patient or
Parent or Legal Guardian

Date

Please Check One:

_____ I hereby authorize this medical practice to contact me by telephone and if I am not present, a message may be left on my answering machine or voicemail.

_____ Do **NOT** leave messages on my answering machine or voicemail other than the name of the caller and the telephone number.

Other Contact Information:

The following person other than a guardian or conservator is authorized to discuss my medical condition or billing information with a healthcare professional in this practice:

Name Relationship Phone number

Patient signature Date

Print name Phone number

The above authorization can be revoked at anytime in writing.