



Privacy Notice Acknowledgement

To Our Patients:

Federal law requires that we provide you with a copy of our Privacy Notice.

The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the notice.

If you have questions about the Privacy Notice, please feel free to direct these to Pamela Paetzhold the Privacy Officer for Maximum Health Clinic.

Patient Name: _____ **Date of Birth:** _____

I have received a copy of the Privacy Notice for this organization on today's date.

Signed: _____ **Date:** _____

I _____, hereby consent and state my preference to have my physician, Dr. Paetzhold, and other staff at Maximum Health Clinic to communicate with me by email or text message, in addition to or to replace leaving phone messages, regarding various aspects of my health care, which may include, but shall not be limited to, test results, appointments, and billing. I understand that email and SMS/Text messaging are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and SMS/Text messaging regarding my medical care might be intercepted and read by a third party.

I give my permissions to leave both appointment reminders and my private health information at the following (please fill in the ones you agree to):

Phone Number: _____

Email: _____

Text: _____ **Phone Carrier:** (ex. Verizon, AT&T) _____

I give permission to contact me, relative to appointment reminders only, by the following methods:

Phone message at the following number: _____

Email message at the following email address: _____

Text message at the following phone number: _____

If yes for text please provide **Phone Carrier:** (ex. Verizon, AT&T) _____

Below section only to be filled out by staff at Maximum Health Clinic if is patient unable to complete themselves.

If patient is unable to acknowledge receipt, staff member providing notice is to complete below section.

The Privacy Notice was provided to

Patient Name: _____ on _____

The Patient was unable to acknowledge receipt of the Privacy Notice for the following reason:

Signed: _____