

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

PATIENT NAME: _____ **MRN:** _____

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.

Signature of Patient or Legal Representative

Date

Printed Name of Patient's Representative (if applicable)

Relationship to Patient (if applicable)

- Parent or guardian of unemancipated minor
 Court appointed guardian
 Executor or administrator of decedent's estate
 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