

# Nunnally & Freeman

## *Your Privacy Is Important to Us*

### **Acknowledgement of Receipt of Notice of Privacy Policies (Adult)**

I have received a copy of the Notice of Privacy Practices of **Nunnally & Freeman**. I hereby authorize, as indicated by my signature below, to use and to disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the Patient Consent form.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **Please check your preferred means of communication:**

- You may contact me at my home telephone number \_\_\_\_\_
- You may contact me on my mobile telephone number \_\_\_\_\_
- You may contact me on my work telephone number \_\_\_\_\_
- You may leave a message on my answering machine regarding my appointment time \_\_\_\_\_
- You may send me an email at: \_\_\_\_\_
- Other \_\_\_\_\_

Please list authorized persons with whom we may discuss your Protected Health Information (PHI) in addition to custodial parents and legal guardians:

1. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_
2. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_
3. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_
4. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_
5. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_

**PATIENT CONSENT**

**CLINICAL**

1. I AUTHORIZE **NUNNALLY & FREEMAN** TO PERFORM ALL RECOMMENDED TREATMENT AS EXPLAINED.

2. I AUTHORIZE THE PRACTICE TO TAKE RADIOGRAPHS, STUDY MODELS, PHOTOS, AND OTHER DIAGNOSTIC AIDS OR MATERIALS (COLLECTIVELY, "DIAGNOSTIC MATERIAL") AS NEEDED TO MAKE A THOROUGH DIAGNOSIS. I AUTHORIZE THAT SUCH DIAGNOSTIC MATERIAL MAY BE RELEASED TO THIRD-PARTY PAYORS AND/OR OTHER HEALTH PROFESSIONALS.

**FINANCIAL**

3. I AM RESPONSIBLE FOR PAYMENT FOR ALL SERVICES RENDERED ON MY BEHALF.

**I have read this Patient Consent and agree to all terms and conditions herein.**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

\* \* \*

**For Office Use Only:**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify) \_\_\_\_\_

Staff Person Initials \_\_\_\_\_

