



**Primary Care of Cedar Hill**

6420 The Cedars Ct., Cedar Hill, MO 63016

Phone: 636-274-2700 Fax: 636-529-0699

**NOTICE OF PRIVACY PRACTICES (NPP) ACKNOWLEDGMENT**

A Notice of Privacy Practices (NPP) is provided to all patients. This Notice of Privacy Practices identifies: 1) how medical information about you may be used or disclosed; 2) your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information, and request additional restrictions on our uses and disclosures of that information; 3) your rights to complain if you believe your privacy rights have been violated; and 4) Our responsibilities for maintaining the privacy of your medical information.

The undersigned certifies that he/she has read the foregoing, received a copy of the Notice of Privacy Practices and is the patient, or the patient's personal representative.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient/Date Signed

\_\_\_\_\_  
Name Patient's Personal Representative

\_\_\_\_\_  
Signature of Patient's Personal Representative/  
Date Signed

**FOR INTERNAL USE ONLY**

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Signature of Employee

If applicable, reason patient's written acknowledgment could not be obtained: D

- Patient was unable to sign.
- Patient refused to sign.
- Other:

Version 1 Effective Date: 2/1/2018

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Acknowledgement**

Insert additional Patient Information as  
needed.



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PATIENT COMMUNICATION CONSENT

We may need to contact you regarding your medical care, appointments, test results, referrals, or any other reason. This is to acknowledge that you authorize Patterson Family Practice to contact you and how you wish to be contacted (check all that apply):

Table with 4 columns: Contact Type, Order of Preference (1-5), OK to Leave Voicemail (Yes/No), and Phone Number. Rows include Home Phone, Cell Phone, Work Phone, Alternate Phone, and Patient Portal & Secure Email. Includes a checkbox for 'None of the above'.

PHI DISCLOSURE TO FAMILY MEMBERS

You may authorize us to contact a family member regarding your medical care or financial matters. This is to acknowledge that you authorize Primary Care of Cedar Hill to disclose your PHI to the following individuals (check all that apply):

Name: Relationship to Patient:

Telephone: Email:

Types of Information: Appointment Reminders Results (lab test, X-Ray, etc) Financial Other:

Okay to contact via: Telephone Leave a Voice Mail Patient Portal & Secure Email Other:

Name: Relationship to Patient:

Telephone: Email:

Types of Information: Appointment Reminders Results (lab test, X-Ray, etc) Financial Other:

Okay to contact via: Telephone Leave a Voice Mail Patient Portal & Secure Email Other:

Name: Relationship to Patient:

Telephone: Email:

Types of Information: Appointment Reminders Results (lab test, X-Ray, etc) Financial Other:

Okay to contact via: Telephone Leave a Voice Mail Patient Portal & Secure Email Other:

None of the above

Signature/Date: