



PRIVACY ACKNOWLEDGMENT & COMMUNICATION PREFERENCES

Complete at the first visit and update whenever your preferences change.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Best Phone: _____ Email: _____

COMMUNICATION PREFERENCES

Preferred contact method: ☐ Phone call ☐ Text ☐ Email ☐ Patient portal ☐ Mail

Voicemail preference: ☐ No voicemail ☐ Generic callback only ☐ Appointment / billing details ☐ Medical details

I consent to text and/or email for: ☐ Scheduling ☐ Billing ☐ General care coordination

I understand that standard text and email may not be encrypted and may be seen by anyone with access to my device or account. I may change or revoke these communication preferences in writing at any time.

Communication restrictions or special instructions: _____

PEOPLE AUTHORIZED TO RECEIVE INFORMATION

List people with whom the practice may discuss your care or billing. An emergency contact is not automatically authorized unless also listed here.

Name	Relationship	Phone	May discuss
			☐ Medical ☐ Billing ☐ Scheduling
			☐ Medical ☐ Billing ☐ Scheduling
			☐ Medical ☐ Billing ☐ Scheduling

Authorization remains in effect until I revoke it in writing or specify an expiration date: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that Hardy Pain and Spine Institute provided me with its Notice of Privacy Practices. The Notice explains how my health information may be used and disclosed and describes my privacy rights. Signing this acknowledgment does not authorize uses or disclosures beyond those permitted by law. I may request another copy of the Notice at any time.

Notice provided: ☐ Paper copy ☐ Electronic copy ☐ Other Date provided: _____

Patient / Legal Representative Signature: _____ Date: _____

Printed Name: _____ Relationship (if representative): _____

STAFF DOCUMENTATION IF ACKNOWLEDGMENT IS NOT OBTAINED

Reason: ☐ Patient declined ☐ Unable to sign ☐ Emergency treatment ☐ Other

Good-faith effort / explanation: _____

Staff Signature: _____ Date: _____