



Primary Care of Eureka

103 Hilltop Village Shopping Center Dr., Eureka, MO 63025

Phone: 636-587-6350 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

**Notice of Privacy Practices (NPP)
Acknowledgement**

Insert additional Patient Information as
needed.



Primary Care of Eureka

103 Hilltop Village Shopping Center Dr., Eureka, MO 63025

Phone: 636-587-6350 Fax: 636-529-0699

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):

	ORDER OF PREFERENCE:	OK TO LEAVE VOICEMAIL?	PHONE NUMBER:
HOME PHONE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CELL PHONE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK PHONE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ALTERNATE PHONE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PATIENT PORTAL & SECURE EMAIL	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	EMAIL ADDRESS:	
<input type="checkbox"/> 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 Eureka](#) 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: _____