Acknowledgment of Receipt of Privacy Notice

Federal law requires that all patients be given a copy of Carrie Abair's Notice of Privacy Practices. The Notice of Privacy Practices describes in detail how patient health information is used and shared with others.

Carrie Abair has reserved the right to change the Notice of Privacy Practices at any time. You may obtain a current copy of the Privacy Practices Notice at: www.carrie.abair.com.

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

At times our office may need to contact you regarding appointments, treatments or with other health related information.

Our office may contact you by:
Phone: _____home _____cell _____work, email: _____
Leave voice messages on phone (__home, __cell, __work);
Or with individual(s): _____

"I have been given a copy of Carrie Abair's Notice of Privacy Practices."

Name (print): _____ Date: _____

Signature (*): _____

Date of Birth: _____

* When patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Signature of Representative: _____

Date: _____

Print Name: _____

Relationship to patient: _____

Office Use Only

Patient given Privacy Notice, however:
__ Patient states they have signed Acknowledgement form previously
__ Patient refused or did not sign Acknowledgment form
__ Patient unable to sign Acknowledgment form