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Brownfield's
PROSTHETICS & ORTHOTICS *restoring independence | renewing lives*

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I **(PRINT NAME)** _____certify that I have received a copy of Brownfield's Prosthetics & Orthotics Notice of Privacy Practices. The notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills, or in the performance of Brownfield's Prosthetic & Orthotic Technologies health care operations. The notice of Privacy Practices also describes my rights and Brownfield's Prosthetic & Orthotic Technologies duties with respect to my protected health information. The Notice of Privacy Practices is posted in the front office.

Brownfield's Prosthetic & Orthotic Technologies reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent to me in the mail or by asking for one at the time of my next appointment.

FRIENDS AND FAMILY RELEASE

The name(s) listed below are family or friends to whom I wish to grant access to my health care and/or billing information, as they deem necessary. I understand that information is limited to verbal discussion and that no paper copies of my Private Health Information (PHI) will be provided without my signature to release any "sensitive" information.

The consent will be considered called until such time that I revoke it. I reserve the right to revoke it at any time. It will be my responsibility to keep this information up to date, as I recognize that relationships and friendships change over time.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PATIENT or GUARDIAN SIGNATURE **DATE**