

## Acknowledgment of Receipt

### Notice of Privacy Practices

By signing this form you acknowledge receipt of the Notice of Privacy Practices of Early Interventions LLC. This notice fulfills the "Notice" requirements of the Health Insurance Portability and Accountability Act of 2013 (HIPAA) Final Privacy Rule.

I acknowledge receipt of the Notice of Privacy Procedures of Early Interventions LLC.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Please let us know if you would like a paper copy of the Notice of Privacy Practices.

### Communication Preferences

Appointment reminders are made as a courtesy to the patients of Early Interventions. This requires that you provide current phone numbers and an email address that can be used for these reminders. Early Interventions may subscribe to a HIPAA compliant company to provide these services. Patients are responsible for notifying the office if an appointment needs to be changed as stated in the Office Policy Notice.

I agree to provide current phone numbers and email address to receive appointment reminders. Contact information may be obtained from the Patient Information forms or by verbal consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Policy Notice

I have received and read the Office Policy Notice. \_\_\_\_\_ (Initial)