

Acknowledgment of Receipt of Privacy Notice

Desert Sage

By signing below, I acknowledge that I have been provided with a copy of Desert Sage Notice of Privacy Practices and have therefore been advised of how health information about myself may be used and disclosed by Desert Sage and how I may obtain access and control this information.

* _____
(Signature of Patient or Guardian)

* _____
(Print Patient name or Guardian)

* _____
(Date)

* _____
(Description of Guardian)

Please list who you want to have access to your pertinent medical information, (i.e.: family member, spouse)

1. _____

2. _____

3. _____

May we leave a message on an answering machine? YES ___ NO ___

Preferred method of contact:

Home# _____

Cell# _____

Work# _____