



## Privacy Notice Acknowledgement

I acknowledge that I have read and may request a copy of the Privacy Notice for **Houston Transitions to Wellness and Counseling, Inc.**

Please initial next to the items you consent for our office to contact you:

I want to be contacted by Phone \_\_\_\_\_ list number below to be contacted:

Home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

I DO or DO NOT want a message to be left regarding appointment schedule or cancel at this number

I want to be contacted by Email \_\_\_\_\_

I want to be contacted by Text \_\_\_\_\_

In the event of a medical emergency I want you to contact on my behalf this person:

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

Relationship \_\_\_\_\_

Contact Number: \_\_\_\_\_

\_\_\_\_\_  
**Patient or Personal Representative Signature**

\_\_\_\_\_  
**Date**

**Personal Representative's Relation to Patient** \_\_\_\_\_

**ABOVE – Patient or Personal Representative Use Only**

**BELOW – Provider Use Only**

### Documentation of Good Faith

The patient identified above was provided with a opportunity to read the Provider's Privacy Notice on this date. \_\_\_\_\_ A good faith effort has been made to obtain a written acknowledgment of the patient's receipt of the Privacy Notice. However, acknowledgment has not been obtained because:

☒ Patient refused to sign the Privacy Notice Acknowledgment

☒ Patient was unable to sign because: \_\_\_\_\_

☒ There was a medical emergency. Provider will attempt to obtain acknowledgment as soon as practical.

☒ Other reason described below: \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**