



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