

Privacy Practices Acknowledgement

By signing this form, you acknowledge that you have been informed that SOMENEK + PITTMAN MD SURGICAL SUITE (S+P SS) provides information about how we may use and disclose your Protected Health Information (PHI). We encourage you to read the "Notice of Privacy Practices" posted in our lobby. If you would like a paper copy, please ask your surgeon.

SOMENEK + PITTMAN MD SURGICAL SUITE may use the following methods of communication regarding information related to my personal health, treatment or payment for treatment. I acknowledge I am responsible for updating this information as necessary. This request supersedes any prior request for methods of communication I may have made.

- Contact me by phone at home _____
- Work _____ Cell _____
- S+P SS may leave a message on my voice mail/answering machine
- S+P SS may speak to anyone who answers the phone
- S+P SS may only speak to _____
- S+P SS may leave a message for me at my work phone number

Questions or concerns about our Privacy Notice or Practices should be directed to the Privacy Officer at 202.810.7700

Signature _____ Date _____
 (Patient/Parent/Conservator/Guardian) (Mo/Day/Yr)

Inability to obtain acknowledgement: *To be completed only if no signature is obtained:*

- Patient lacks the ability to understand the Notice of Privacy Practices
- Other _____

Signature _____ Date _____
 (Provider Representative) (Mo/Day/Yr)

