

Brimfield Family Health Center, P.C.

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE
COMMUNICATION AUTHORIZATION**

Brimfield Family Health Center would like to be able to communicate with you as promptly as possible and would like your approval:

1. If you are employed: May we call you at work? YES NO

2. If you have an answering machine:
 May we leave messages on your answering machine? YES NO

3. If we call and you are not there:
 Do we have permission to speak with family members? YES NO

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information.

Printed Patient Name _____ Signature _____

Relationship _____ Date _____