

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of Touchstone Medical Imaging’s Notice of Privacy Practices currently in effect.

Name (Please print) _____

Signature _____

Date _____ Relationship to Patient: Self Personal Representative Other: _____

PATIENT CONSENT

Touchstone may discuss my medical information/condition with: *(List each Name/Relationship to patient)*

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

I understand it is my responsibility to notify Touchstone of any changes to this consent.

_____	_____	_____
(PRINT NAME PLEASE)	(SIGNATURE)	(DATE)

FOR OFFICE USE ONLY

Notice of Privacy Practices currently in effect given to individual on today’s date.

In Person Mailing Email Other _____

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign (did not want to, no reason provided, etc.)
- An emergency situation prevented us from obtaining acknowledgment
- Did not respond after more than one attempt
- Other (Please Specify) _____

The following good faith efforts were made to obtain the individual or parent/legal guardian’s signature. Please document with dates, times, individuals spoken to, and outcome, the efforts that were made to obtain the signature.

- In person conversation _____
- Telephone contact _____
- Mailing _____
- Email _____
- Other _____