

Patient

Last Name

First Name

M.I.

D.O.B.

Medical Record #

MOUNTAIN STATE MEDICAL SPECIALTIES, INC.

MAIN OFFICE LOCATION: 120 MEDICAL PARK DRIVE, SUITE 200 • BRIDGEPORT, WV 26330

PHONE: (304) 624-7200 • FAX: (304) 624-0026

Acknowledgement of Receipt of Notice of Privacy Practices

In general, any information that is about your health, the health care you receive or payment for that care is considered confidential and protected by our practice. We may need to use your protected health information to carry out treatment, payment, healthcare operations and/or other purposes. Our Notice of Privacy Practices provides a more complete description of permitted uses and disclosures.

Sign below or acknowledge that you have received a copy of our Notice of Privacy Practice.

Date

Signature of patient or patient's representative

Printed name of patient or patient's representative

Relationship to the patient

There are times we may need to contact you about your medical care but cannot reach you personally. Please indicate below if we may leave a message for you.

Please mark yes or no to all questions listed below.

If we are unable to contact you, may we leave a message:

- YES NO Home answering machine/voicemail?
- YES NO Work answering machine/voicemail?
- YES NO Cell Phone?

- YES NO May we leave a message with your spouse?
- YES NO May we leave a message with your family members?
- YES NO Is there a person you would like to list with whom we may leave a message concerning your medical information or appointments?

Name/Relationship to you

Phone #

Name/Relationship to you

Phone #

Name/Relationship to you

Phone #

- YES NO

Do you understand you may make changes to these directives at any time by providing written instruction to this office?

Please return this acknowledgment as soon as possible If you received this form when you arrived at our practice for service, return this form in person before you leave. If you do not return the form in person you may return this form by mail to our privacy officer at the following address:

Mountain State Medical Specialties Inc.

120 Medical Park Drive, Suite 200, Bridgeport, West Virginia 26330

For use ONLY by a representative of the Practice

A good faith effort was made to obtain a written acknowledgment of receipt of our Notice of Privacy Practices that was provided to (circle one) the patient/the patient's representative on ___/___/___

The acknowledgment was not obtained for the following reason(s) _____



Additional information about all of our providers and all of our locations may be found at

www.msmswv.com

