## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

### ACKNOWLEDGMENT OF RECEIPT

I,________________________________, hereby acknowledge that MDS has given me the opportunity to read a detailed notice of their Privacy Practices.

Patient / Guarantor Signature*____________________________________ Date______________

*If patient is a minor (under the age of 18), form must be signed by a parent or legal guardian.
If not signed, please provide a reason why the acknowledgment was not obtained.

Witness_____________________________________________________ Date______________

### CONSENT TO RELEASE INFORMATION

In the event I cannot be reached, I,______________________________ give permission for a representative from MDS, to speak with family member (s) or companion (s) listed below regarding care or tests results.

Name_____________________________________________Phone _______________

Relationship_____________________________________

Name_____________________________________________Phone________________

Relationship_____________________________________

Is it OK to leave results or information on your voicemail? _______YES _______NO

Patient / Guarantor Signature*________________________________________ Date________

*If patient is a minor (under the age of 18), form must be signed by a parent or legal guardian.

### CONSENT TO CORRESPOND ELECTRONICALLY

While MDS takes reasonable precautions to protect your confidential information, email is not a completely secure method of communication.

I acknowledge that if I use electronic mail to initiate contact with a MDS physician or provider regarding my medical care, that MDS physician and /or his/her representative has my permission to correspond via that email address.

I give permission for a MDS physician or clinical staff member to email me at

_______________________________@________________________________regarding my medical care.

Patient / Guarantor Signature*_______________________________________ Date___________

*If patient is a minor (under the age of 18), form must be signed by a parent or legal guardian.