TriValley Primary Care

Acknowledgment Of Receipt Of Notice

I acknowledge that I have been provided TriValley Primary Care's Notice of Privacy Practices.

Name of Patient (Please print) _____ Date of Birth (for identification) _____

Signature of Patient (or personal representative) _____ Date of Receipt _____

If signed by personal representative, please complete information below:

Name of personal representative (Please print) _____ Relationship to patient (or other authority) _____

Optional

Alternate Communications Means or Location (NOTE)

Patients (or their personal representatives) may request alternate means to communicate with them or an alternate location. If TriValley incurs an expense to effect the alternate means/location, it must be borne by the patient, or it shall not be approved.

Note: Currently, communication via e-mail is not possible, and will not be allowed. TTY/TDD communication is available only via a relay service unless the patient pays for the device(s).

I hereby request that I be contacted as follows instead of by means of the information in my chart:

Alternate Telephone	Alternate Facsimile	Alternate Mailing Address
Not approved ___	Not approved ___	

Authorization for Voice Mail Use

I authorize TriValley Primary Care staff to leave protected health information on an answering machine/voice mail at the following number: _____ (void if blank).

Signature of Patient (or personal representative, as above) _____

Declaration of Personal Representative (NOTE)

The following is **my personal representative** for health matters. Important: Information passed to the personal representative is equivalent to communicating with the patient.

Name	Relationship

☐ Check here if continued on back ……..

Signature of Patient: _____ Or Power of Attorney on File (office signature): _____ Date _____

NOTE: It is the patient's responsibility to keep this information current.

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"A Community of Physicians…for the Community"

Lower Salford*Pennridge*Upper Perkiomen*Franconia*Lansdale*Western Bucks*Indian Valley

Print Form