

PATIENT CONTACT INFORMATION

NAME _____ DOB _____

ADDRESS _____

EMAIL _____

PHONE NO _____ MAY WE LEAVE A MESSAGE (Y)
(N)

EMERGENCY CONTACT/PHONE

Who can we thank for referring you to our office? _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGMENT FORM

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Leslie Hamlett, ND at 503-252-8125 or a member of the HIPAA task force.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

I have **received/declined** a copy of Basis Biologic's Notice of Privacy Practices.

Signature of Patient

Date

****Notice of Privacy Practices for patient's records attached.

****This form will be retained in your medical record.