

In order to provide the quickest response to your questions and at the same time protect your privacy, please take a few moments to let us know how you would like us to contact you regarding your lab results and health care questions.

▶ **TELEPHONE ANSWERING MACHINE AT HOME:**

- DO NOT** leave messages on answering machine
 DO leave messages for me to call

▶ **PEOPLE AT HOME:**

- DO NOT** leave messages
 DO leave messages for me to call **BUT NO RESULTS:**

▶ **WORK:**

- DO NOT CALL ME AT WORK**
 DO call at work leaving a message to call only

▶ **OTHER:**

- I would like to have calls and my lab results handled in the following manner:

I have read the Notice of Patient Privacy Practice. I have been given the opportunity to receive a copy of this policy which details how my health/account information be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information.

I understand that the above request will remain in effect until I request a change and fill out another form.

Signature: _____ Date: _____

Internal Use Only:

If the patient/patient's representative refuses to sign the acknowledgement, please document the date and time the notice was presented to the patient to sign and sign below.

Presented on (date and time) _____

By (name and title) _____