

Notice of Privacy Practices Acknowledgement of Receipt

Laura Wagner, Inc. (LWI)

Our Notice of Privacy Practices provides information about how we may use and disclose your Protected Health Information (PHI). We encourage you to read it in full. Our policy is subject to change. You may obtain a copy of the current version by calling our office at 314-434-1111. The current version is also available at our front desk and on-line at wagnerderm.com.

Communication Practices and Authorizations

Voice Messages: We may leave information of a confidential nature on your voicemail and answering machines at the authorized contact numbers that you have provided. We may speak with you directly or with a family member or friend that answers the telephone. This information may include, but may not be limited to test results, prescriptions and medical instructions, as well as information related to your appointments, and/or financial information related to your account.

Automated Messages: By providing your telephone numbers, e-mail address and/or by signing up for a patient portal account, you give consent to receive automated and/or pre-recorded messages from Laura Wagner, Inc. This may include voice mail, text message, SMS and other electronic messages, e-mails, and/or e-messages through the patient portal. This information may include, but may not be limited to prescriptions alerts, appointment reminders and recall notices.

Authorized contacts include those provided on this form or other patient forms. This authorization will remain in effect until you instruct us to change it, either in writing or verbally.

AUTHORIZED CONTACTS Provide all authorized contact information below. This replaces any prior info obtained.

Patient or Legal Representative Phone Numbers:

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact:

Contact Name: _____ Relation: _____ Ph: _____

Additional Contact:

Contact Name: _____ Relation: _____ Ph: _____

Voice Messages or Text Messages: Complete to receive appointment reminders & Rx alerts by *voice message or text*.

Ph#: _____ Check One Only Voice Text

Advance Directive: (Please answer the next question if you are 65 or older.)

Do you have an advanced care plan or surrogate decision maker? Yes No

Name: _____ Ph: _____ Relation: _____

CONSENTS:

I acknowledge receipt of the Notice of Privacy Practices of Laura Wagner, Inc. and I understand and agree to how Laura Wagner, Inc. and representatives my communicate with me as stated above.

Parents may not sign for children over the age of 18.

Patient Name (PRINT)

Patient Date of Birth

Signature of Patient or Legal Representative

Date Signed

Name if not Patient (PRINT)

Relationship to Patient

OFFICE USE ONLY Complete this section if this form is not signed and dated by patient or patient's representative.

We attempted to obtain acknowledgement; patient refused to sign.

We attempted. Communication barrier prevented us from obtaining acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Patient Health prevented us from obtaining acknowledgement

Employee Signature: _____

Date: _____