

**Receipt of Notice of Privacy Practices  
Written Acknowledgement Form**

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**Laura Wagner, Inc.**

**NOTICE OF PRIVACY PRACTICES:**

A copy of our NPP will be made available at check-in. Our NPP is also available at [wagnerderm.com](http://wagnerderm.com) at any time. The NPP notice explains in more detail how your protected health information may be used or disclosed, and how to get access to this information. Please read the NPP in full.

**PATIENT COMMUNICATIONS**

This explains the different ways that Laura Wagner, Inc. may communicate with you.

**Authorized Contacts:**

Authorized Contacts are people with whom Laura Wagner, Inc. & representatives may discuss appointments, medical care, account info, etc. This may be a family member, relative, close friend, or any other person you identify as an authorized contact. Emergency contacts, next of kin, guardian, guarantor and the insured member are authorized contacts. We may contact you or your authorized contacts using the home phone numbers, cell phone numbers, fax numbers, emails & mailing addresses provided as explained below.

**Types of private health information that may be communicated:**

Information that may be communicated to the patient and/or authorized contacts includes, but is not limited to:

- Messages related to medical care.
- Reminders of scheduled appointments
- Reminders for the patient to call and make a follow-up appointments
- Test results or alerts that test results are available on the patient portal
- Billing related notices

**How we may communicate with patients and authorized contacts:**

**Home Phones:** If you provide a home phone number, the Practice may contact you on your home phone. We may leave a message on your voice mail, or with a friend or family member who answers the phone.

**Text Messages:** If you provide a cell phone number, the Practice may contact you on your cell phone. We may leave a message, (text message or voicemail) on your cell phone.

**Automated Phone Messages:** The Practice may send automated messages to your cell phone or home phone.

**Patient Portal:** If you create a portal account, the practice may communicate with you through the portal.

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**By signing this form:**

- 1) I acknowledge receipt of Laura Wagner’s Notice of Privacy Practices
- 2) I authorize Laura Wagner, Inc. to communicate with myself and my contacts as described in this document

**Patient Name [print]:** \_\_\_\_\_

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If signed by someone other than the patient, what is the relationship to the patient?**

- Parent     Legal Guardian     Other \_\_\_\_\_