

## Appalachian Foot and Ankle Associates

Request for Confidential Communications and Patient Acknowledgement of  
Receipt of Notice of Privacy Practices "HIPPA"

I request Appointment Reminder Calls be made in one of the Following Ways:

Telephone voice message to the following telephone number \_\_\_\_\_

Text messages to the following telephone number \_\_\_\_\_

E-mail to the following address \_\_\_\_\_

I prefer not to receive reminder calls \_\_\_\_\_

I request that all other communications to me be Appalachian Foot and Ankle  
Associates and / or staff be handled in the following manner:

Leave message on home answering machine            Yes \_\_\_ No \_\_\_

Leave message with person(s) answering my home telephone    Yes \_\_\_ No \_\_\_

Leave message on my cellular telephone            Yes \_\_\_ No \_\_\_

Leave message at my work telephone number        Yes \_\_\_ No \_\_\_

Correspondences to be mailed to my home address    Yes \_\_\_ No \_\_\_

I authorize the following individual(s) to receive communication and information  
regarding my healthcare:

\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that upon request that I am entitled to a copy of Notice of Privacy  
Practices and that I have read or had the opportunity to read if I so choose, and  
understand the notice.

\_\_\_\_\_  
Print Name of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Patient ID #