

## HIPAA PRIVACY PRACTICES

I acknowledge that I have been given an opportunity to read (and take home) a copy of Dr. Fingar's Notice of Privacy Practices.

Patient Name \_\_\_\_\_

Below please let us know how you prefer we communicate with you:

You may speak with \_\_\_\_\_ to leave a message about my appointment.

Or may we leave a message on your answering machine? \_\_\_\_\_

May we contact you at work, if applicable? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_