

## Acknowledgment of Receipt of Privacy Notice

### *Desert Sage*

By signing below, I acknowledge that I have been provided with a copy of Desert Sage Notice of Privacy Practices and have therefore been advised of how health information about myself may be used and disclosed by Desert Sage and how I may obtain access and control this information.

\* \_\_\_\_\_  
(Signature of Patient or Guardian)

\* \_\_\_\_\_  
(Print Patient name or Guardian)

\* \_\_\_\_\_  
(Date)

\* \_\_\_\_\_  
(Description of Guardian)

Please list who you want to have access to your pertinent medical information, (i.e.: family member, spouse)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

May we leave a message on an answering machine? YES NO

Preferred method of contact:

Home# \_\_\_\_\_

Cell# \_\_\_\_\_

Work# \_\_\_\_\_