

BREAST CARE SPECIALISTS, L.L.C.

A multidisciplinary approach to Breast Health

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Privacy Notice Acknowledgement

I acknowledge that I have received a copy of the Summary Privacy Notice revision date September 23, 2013.

Patient or Personal Representative's Signature

Patient or Personal Representative's Name Printed

Patient's Date of Birth

Personal Representative's Relation to Patient

Date

Documentation of Good Faith Effort

The patient identified above was provided with a copy of the Provider's Summary Privacy notice on this date. A good faith effort has been made to obtain a written acknowledgement of the patient's receipt of Summary Privacy Notice. However, acknowledgement has not been obtained because

___ Patient refused to sign the Summary Privacy notice Acknowledgement

___ Patient was unable to sign because _____

___ There was a Medical Emergency. Provider will attempt to obtain acknowledgement as soon as is practical.

___ Other reason: _____

Employee's Name

Employee's Signature

Date

Authorization of Discuss Medical Care

I hereby authorize Breast Care Specialists, LLC to discuss any of my medical care needs (including appointments, results, continuing care, treatments, etc.) with the following people:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Patient or Personal Representative's Signature

Date