



ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of Genetic Support Foundation's Notice of Privacy Practices effective March 1, 2016.

Name (please print): _____

Signature: _____

Date: _____

____ (Initial) I agree to allow Genetic Support Foundation Genetic Counselors and staff to leave messages that include Protected Health Information on the following devices:
(Please initial next to the applicable communication devices):

_____ Home # _____

_____ Cell # _____

_____ Work # _____

____ (Initial) No, I do not agree to allow Genetic Support Foundation Genetic Counselors and staff to leave messages that include Protected Health Information on my home, work and cell phone.

____ (Initial) I agree to allow Genetic Support Foundation Genetic Counselors and staff to speak with only the following people regarding my Protected Health Information.
List Name(s), relationship and phone number:

(print name)	(relationship)	(phone number)
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(print name)	(relationship)	(phone number)
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Patient Name (please print)

Patient Signature

Date