# Hawaii Hand & Rehabilitation Services, LLC

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Phone: (808) 593-2830, Fax: (808) 593-2840

# NOTICE OF PRIVACY PRACTICES

# ACKNOWLEDGMENT RECEIPT

**Name of Patient:**

**Patient’s Date of Birth:**

**Text/Email/Phone:** I authorize Hawaii Hand & Rehabilitation Services to provide information regarding my care/account via text/email/phone (voicemail)

Please select ONE of the following options for appointment reminders

** Text:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone number

** Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email address

** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check one of the following:**

I acknowledge that I have been provided a copy of Hawaii Hand & Rehabilitation Service’s Notice of Privacy Practices and agree to the conditions checked off above

I **decline** a copy of Hawaii Hand & Rehabilitation Service’s Notice of Privacy Practices and agree to the conditions checked off above

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Signature of Patient (or Personal Representative) Date