



**ACKNOWLEDGEMENT OF PRIVACY PRACTICE NOTICE AND
DESIGNATION OF DISCLOSURE FORM**

1. **Acknowledgement of Privacy Practice Notice**

I have received a copy of **Doctor Edward Montoya's** Notice of Privacy Practices.

Patient's Name Date of Birth Signature of Patient/Parent/Guardian Date

2. **I wish to be contacted in the following manner (check all that apply).**

Home Telephone _____	Written Communication
OK to leave message with detailed information	OK to mail to my home address
Leave message with call back number only	OK to mail to my work/office
	OK to fax to this number
	Fax Number: _____
Work Telephone _____	
OK to leave message with detailed information	
Leave message with call back number only	

3. **Designation of Certain Relatives, Close Friends and Other Caregivers**

I agree that **Doctor Edward Montoya** may disclose certain of my health information to a family member, close personal friend or other caregiver because such person is involved with my health care or payment relating to my health care. In that case, **Doctor Edward Montoya** will disclose only information that is directly relevant to the person's involvement with my health care or payment relating to my health care.

I designate the following persons listed below as persons involved with my health care or payment relating to my health care for the purpose of **Doctor Edward Montoya** to make a the type of disclosures listed above. (I understand that I am not required to list anyone ad that I may change this list at any time in writing).

Print Name/Relationship/DOB/Telephone#: _____

Print Name/Relationship/DOB/Telephone#: _____

Print Name/Relationship/DOB/Telephone#: _____

Print Name/Relationship/DOB/Telephone#: _____

Print Name/Relationship/DOB/Telephone#: _____

Signature of Patient/Parent/ Guardian

Date