



# Notice of Privacy Practices Acknowledgment

Missoula Bone & Joint takes the protection of your health information seriously. **Federal law** requires all physician offices to have a signed privacy statement on file for every patient. In order to serve you we must have an existing Privacy Acknowledgment form on file. This law is intended to protect the privacy of your medical records.

If there are any disputes about or involving Missoula Bone & Joint's services, you agree that the dispute shall be governed by the laws of the State of Montana, USA, without regard to conflict of law provisions and you agree to exclusive personal jurisdiction and venue in the state and federal courts of the United States located in the State of Montana, city of Missoula. Thank you.

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Any and all situations can be discussed with: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I do,  I do not give permission to leave detailed messages on my answering machine regarding appointments, instructions for surgery, test results, billing and/or insurance issues or other pertinent information from Missoula Bone & Joint and Surgery Center.

- I have been given the opportunity to review the Notice of Privacy Practices.
- You have the right to opt out of certain electronic communications and health information sharing including but not limited to, text messaging and secure electronic communications, photo and video sharing, electronic forms, electronic demographic updates, electronic statements and billing communication, appointment reminders, paylink, and patient satisfaction surveys. When received, you will be given the opportunity to opt out. You can also let us know directly and you will be opted out.
- As a patient, you have the right to choose to have any Radiology or Imaging services performed at the facility of your choice. Please inquire at the front desk for a list of alternative X-ray and MRI facilities.



\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship

Email address: \_\_\_\_\_

*Your email may be used as a secondary contact, to activate a patient portal, and/or request patient feedback.*

## FOR OFFICE USE ONLY

*For use by **Missoula Bone & Joint** personnel if unable to obtain a written acknowledgment of receipt of the NOPP from the patient.*

I have made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to for the following reason:

- |  |  |
|--|--|
| <input type="checkbox"/> Language barrier    | <input type="checkbox"/> Read later and return |
| <input type="checkbox"/> Patient cannot read | <input type="checkbox"/> Unable to sign        |
| <input type="checkbox"/> Patient Objects     | <input type="checkbox"/> Other: _____          |

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_