Scott T. Boyd, M.D., 380 Empire Road Suite 200, Lafayette, CO 80026, Ph. 303-926-7360 Fax 303-926-7359

_______________________________________ _______________________
Name of patient (please print) Date of birth

I hereby acknowledge that I am aware of the ***Notice of Privacy Practices (HIPAA)*** for Pain Partners, MD and that a copy is available for my records.

****

So that the physician(s) and/or office staff may address privacy issues, please indicate with whom we may discuss your routine and/or emergent care and treatment:

_ Spouse (name) ____

_ Family member (name) ______________________________________

_ Guardian (name) ____

_ Other (name) ____

_ Do not discuss my medical care and treatment with anyone other than healthcare providers and/or Representatives.

Please note that if there is question in regards to diversion, abuse, or misuse of medications, as dictated by Federal and Colorado State laws, we must cooperate fully with Legal Authorities and Regulatory Agencies. As stated in our Medication Management Agreement, you agree to waive any applicable privilege or right of privacy or confidentiality with respect to the prescribing and use of your pain medication.

Patient or Representative Signature: ___________________________ Date: __________

Relationship of Representative: ____

****

(FOR OFFICE USE ONLY)

Documentation of Good Faith Effort to obtain patient's acknowledgement that they were made aware of the provider's Notice of Privacy Practices and could obtain a copy of the document)

The patient presented to the office on _____________ and was made aware of the Covered Entity's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgement of his/her of the Notice. However, such acknowledgement was not obtained because:

_ Patient refused to sign

_ Patient was unable to sign or initial because: ______________________________

_ Other reason: ____
____

_______________________________ ____________________
Signature of employee completing form Date