HAWAII HAND & REHABILITATION SERVICES LLC 1401 S. BERETANIA ST. #730, HONOLULU, HI 96814 (T) 593-2830 (F) 593-2840
94-1030 WAIPIO UKA ST. SUITE 101, WAIPAHU, HI 96797 (T) 677-4263 (F) 686 9605

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT 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

____ ________________________

Signature of Patient (or Personal Representative) Date