



Notice of Privacy Practices

By signing below, I hereby acknowledge that I have been offered/received a copy of Sports Enhancement Center's Notice of Privacy Practices, effective April 14, 2003.

As of 7/01/2008, if we need to contact you for medical reasons we will utilize all numbers provided unless you follow the protocol as described per our notice of privacy practices (page 5, item 4 of Your Rights):

"You have the right to ask that we inform you of medical matters in a certain way or at a certain location. To ask for private communications, you must provide a written request and inform us how or where you wish to be contacted. You do not need to inform us as to why. We will try to honor all reasonable requests, For example, you may request we only contact you via work or through mail."

The above policy supersedes all prior forms regarding communication as the policy has been in effect since April 14, 2003.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Please provide us with phone numbers we may use to contact you.** If you wish for us to leave messages on an automated system or with others, please indicate to whom we can speak with.

Phone number/s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Person's with whom we may leave messages: \_\_\_\_\_

\_\_\_\_\_

May we leave messages on voice mail? Yes \_\_\_ No \_\_\_