

Michael J. Reid, MD & Janel Liverato, PA-C  
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### Notice of Privacy Practices Acknowledgment of Receipt

I, \_\_\_\_\_, have read and or received a copy of this office's Notice of Privacy Practices.

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

For office use only:

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because: (circle one)

Individual refused to sign

Communication barriers prohibited obtaining acknowledgment

An emergency situation prevented us from obtaining acknowledgement

### Authorized Forms of Communication

Dr. Michael J. Reid can send you various notices via an electronic methods. An example would be appointment reminders, letters, clinic updates, and requests for information. In order to communicate with you using these methods, we need your authorization to do so. We will still call you and send communications through US Postal Service on occasion.

Please note that electronic transmissions are not secure and are at risk for access by third parties.

If you would like to receive communications by email or text, please sign below.

I consent for the office of Michael J. Reid, MD to communicate with me via email and/or text. I understand that the responsibility of attending appointments or cancelling them still rests with me. I understand that transmission may not be secure. I agree to advise the office if my email service or mobile phone number is no longer viable.

Email: \_\_\_yes \_\_\_no      Text: \_\_\_yes \_\_\_no

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