

# VAUGHN L. MANKEY, M.D.

Child, Adolescent, and Adult Psychiatry

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## PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_, TX Zip Code: \_\_\_\_\_

## PATIENT RECORD DISCLOSURES

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their Protected Health Information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (please give us first preference):

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Okay to leave message with detailed information

Okay to leave message with detailed information

Leave message with call-back number only

Leave message with call-back number only

Mobile Phone: \_\_\_\_\_

Okay to leave message with detailed information

Leave message with call-back number only

Patient or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_