

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT METHODS OF COMMUNICATION

2600 Greenwood Road Shreveport LA 71103 (318) 212-4000

Willis–Knighton Health System (WKHS) and our medical staff will use and disclose your personal health information *to treat you, to receive payment for the care we provide and for other healthcare operations*. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regard to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities and on our website and have copies available for distribution.

Occasionally we may communicate with patients via text or email regarding things such as **appointment reminders**, **requests to share your opinion of providers and services**, **news and notices about providers**, **treatments**, **technology, medications or other services/information that could benefit your health**. (In some instances, depending on your mobile plan, text and data rates may apply.) Willis–Knighton will communicate for Willis–Knighton purposes only and will not sell or share your mobile number or email with companies not contracted with Willis–Knighton.

I hereby acknowledge the receipt of Willis-Knighton Health System's Notice of Privacy Practices and have been provided an opportunity to review it.

Patient's Name (Please Print)	Date of Bi	irth
Patient/Representative Signature	Date	
If you are not the patient, indicate your relation		
parent or legal guardian of the minor	Spouse	
personal representative of the patient	other	
Name		
Address		Phone Number
Willis–Knighton takes your medical confidentiality written authorization. This authorization allows of not available to receive phone calls or you have a	ur staff to speak with an i	ndividual(s) you designate in the event you are
□ I DO NOT authorize anyone to receive inform	ation regarding my medic	cal care
$\hfill\square$ I authorize my physician and employees of W	illis–Knighton to speak w	ith the following:
Person	Relationship	Phone
Person	Relationship	Phone
Person	Relationship	Phone
If you wish to opt out of electronic communication	ns as noted in the second	d paragraph of this document, you may do so

by checking this box:

If at some point in the future you wish to receive these communications, you may request a new form to update your preferences at any registration desk at Willis-Knighton.

