



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.

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.

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 Birth

Patient/Representative Signature

Date

If you are not the patient, indicate your relationship below:

- parent or legal guardian of the minor
spouse
personal representative of the patient
other

Name

Address Phone Number

Willis-Knighton takes your medical confidentiality very seriously. We will not and cannot release information without your written authorization.

- I DO NOT authorize anyone to receive information regarding my medical care
I authorize my physician and employees of Willis-Knighton to speak with the following:

Person Relationship Phone
Person Relationship Phone
Person Relationship Phone

If you wish to opt out of electronic communications as noted in the second 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.

