

# New England Wound Care, LLC

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## HIPAA PRIVACY PRACTICES:

I, \_\_\_\_\_, have been notified, read/received a written copy of New England Wound Care, LLC's Notice of Privacy Policies on (date)\_\_\_\_\_.

I authorize New England Wound Care, LLC to discuss any health related issues with:

\_\_\_\_\_  
\_\_\_\_\_

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I give permission for New England Wound Care, LLC, and or office staff to contact me in the following manner(s):

- |                                                                   |                                        |                                                    |
|-------------------------------------------------------------------|----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> HOME PHONE                               | <input type="checkbox"/> CELL phone    | <input type="checkbox"/> WRITTEN COMMUNICATION:    |
| <input type="checkbox"/> answering machine                        | <input type="checkbox"/> Family Member | <input type="checkbox"/> mail to home address      |
| <input type="checkbox"/> leave message with detailed information  |                                        | <input type="checkbox"/> mail to alternate address |
| <input type="checkbox"/> leave message with call back number only |                                        | listed below:                                      |
| <input type="checkbox"/> leave apt information only               |                                        | _____                                              |
|                                                                   |                                        | _____                                              |

## WORK TELEPHONE:

- OK to call work  
 leave message for call back number only  
 leave detailed message on voice mail

## ( ) PHARMACY;

- o.k. To fax/call information for new and or existing medication

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This signature is good for 1 year unless otherwise revoked by you in writing.

**Office use only: Attempt was made to obtain written acknowledgement of notification/receipt of our Privacy Practices, but acknowledgement could not be obtained for the following reason(s)**

- Individual refused to sign       Communication barrier prohibiting signature  
 Emergency situation preventing signature  
 Other \_\_\_\_\_

Signature of office staff/Manager \_\_\_\_\_ Date: \_\_\_\_\_

