Madison Medical Affiliates, Inc.
Phone: 262-241-1919   Fax: 262-241-9046

Notice of Privacy Practices – Acknowledgement of Receipt

I, ____, acknowledge that I have received and reviewed the written
(Print Patient Name)
"Notice of Privacy Practices" from Madison Medical Affiliates.

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Please indicate below how you would like Madison Medical Affiliates to leave messages disclosing your protected health information:

___ Home answering machine # ___________________________

___ Work phone # ___________________________

___ Cell phone # ___________________________

___ No messages should be left, speak to me directly.

The following are family members, legal representatives or a close friend I give permission to Madison Medical Affiliates to disclose my protected health information with:

______________________________________	____________________________	_________________
(Individual's Name)	*(Relationship)*	*(Phone)*
______________________________________	____________________________	_________________
(Individual's Name)	*(Relationship)*	*(Phone)*

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EMAIL ________________________________ For use with MySecureHealthData, our secure patient portal that allows you access to a summary of your examination. When you receive our email with the registration link, please enroll right away so you can stay informed *and* so we can more efficiently manage your care.

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DUE TO FEDERAL REGULATIONS, PLEASE COMPLETE THE FOLLOWING INFORMATION:

RACE: Caucasian ____ African American ____ Asian____ Other____ Decline to Answer____

ETHNICITY: Hispanic/Latino____ Not Hispanic/Latino____ Unknown____ Decline to Answer____

GENERAL: Male_____ Female_____ Height___________ Weight___________

By signing below, I give consent to the staff of Madison Medical Affiliates to view my prescription history as supplied by other health plans and with participating pharmacies. My signature also indicates I have provided Madison Medical Affiliates with my most current demographic and insurance information.

____ ______________________________

Patient / Parent / Guardian Signature **Date**