

**Imana Medicine**  
**Annie Rafter RN,CNP**  
1925 Rosina St Suite E  
Santa Fe, NM 87505  
505-984-8262      505-984-1312  
[www.imanamedicine.com](http://www.imanamedicine.com)

I, \_\_\_\_\_, give my consent for Annie Rafter and her office staff to:  
Please Print Patient Name

\_\_\_\_\_ Email me reminders of upcoming appointments to the email address listed below.  
Patient Initials

\_\_\_\_\_ Email me concerning the results of my radiology or lab tests to the email listed below.  
Patient Initials

\_\_\_\_\_ Email me concerning prescriptions and supplements to the email listed below  
Patient Initials

\_\_\_\_\_ SMS Text me with appointment reminders and appointment changes to the mobile # below.  
Patient Initials

\_\_\_\_\_ SMS Text me with verification of prescription status to the mobile # below.  
Patient Initials

I would like to restrict emails concerning: \_\_\_\_\_

I would like to restrict SMS Texting concerning: \_\_\_\_\_

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_ Mobile # \_\_\_\_\_

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**Acknowledgment of receipt of notice of privacy practices**

My signature below certifies that I have been provided with a written copy of Annie Rafter CNP Hipaa Policy.

\_\_\_\_\_ Patients Signature

\_\_\_\_\_ Todays Date

**Internal Use Only: Documentation of Good Faith Effort**

Annie Rafter CNP made a good faith effort to obtain written acknowledgment of the individual's receipt of the HIPPA notice but a written acknowledgment was not received for the following reason;

[ ] Individual refused to sign    [ ] Individual was not able to sign    [ ] Other Reason; \_\_\_\_\_

\_\_\_\_\_ Employee Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date