

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have received Red River Urgent Care’s Notice of Privacy Practices, which explain how my medical information will be used and discussed. I understand that I am entitled to receive a copy of this document.

Furthermore, by my specific initials, I authorize the staff of Red River Urgent Care to contact me by the designated means noted below.

INITIAL

_____ Home Phone/Home Answering Machine/Voice Mail

_____ Work Place/Voice Main

_____ Cell Phone/Voice Mail

Additionally, by my initials, I authorize Red River Urgent Care’s staff to communicate information regarding appointments, medical results and billing issues to:

_____ Name _____ Relationship _____ Phone _____

_____ Name _____ Relationship _____ Phone _____

_____ Name _____ Relationship _____ Phone _____

This authorization shall remain in force until revoked in writing.

Signature of Patient/Legal Guardian

Date