

ROSS AND ASSOCIATES MEDICAL PARTNERS

Notice of Privacy Policy

Ross and Associates Medical Partners LLC Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. We are required by law to maintain the privacy of your health information and to inform you of your rights. The Notice contains a section describing your rights under the law related to your personal health information. You have a right to review our Notice of Privacy Practices before signing this consent.

By signing below, I acknowledge that I have reviewed or had explained to me Ross and Associates Medical Partners LLC Notice of Privacy Practices and agree to continue my care with Ross and Associates Medical Partners LLC under said terms.

I authorize the following person(s) to obtain medical information about me or my child and allow medical services to be rendered in my absence

Name: _____ Relationship to Patient: _____

Phone Number: (_____) _____

Name: _____ Relationship to Patient: _____

Phone Number: (_____) _____

Patient's Signature _____ Date ____/____/____

Guardian's Signature _____ Date ____/____/____