

Family Care Plus

Acknowledgement of Review of Notice of Privacy Practices

Family Care Plus has a very strict policy on giving out patient information (such as labs, nurse notes or any other kind of information from the patient's chart). The office will not release any information without your consent. We ask that below you write down the names, relationship and telephone number of the people that you authorize us to talk to. If you wish to leave this sheet blank, please sign below for record purposes.

Family Care Plus tiene una politica muy terminante en dar fuera de la informacion del paciente (tal como laboratorios, notas de la enfermera o cualquier otra clase de informacion de la carta del paciente). La oficina no lanzara ninguna informacion con fuera de su consentimiento. Pedimos que abajo usted anote los nombres, la relacion y el numero de telefono de la gente que usted nos autoriza a hablar. Si usted desea dejar este espacio en blanco por favor firme abajo para los propositos de registro.

<u>Name</u>	<u>Relation</u>	<u>Telephone Number</u>
1. _____		
2. _____		
3. _____		

**Please list below numbers where we can leave messages.

1. _____
2. _____
3. _____

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Print Patient Name

Patient Signature

Date

Guardian or Personal Representative's Signature
(if patient is under 18 years)