Pediatric Urgent Care of Northern Colorado

Name of Patient: _____

Patient Date of Birth: _____

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the policy effective date of January 2015.

_____ _____
Signature of Patient/Patient Representative Date

_____
Relationship to Patient

*****PERMISSION REGARDING DISCLOSURE OF YOUR/YOUR CHILD'S HEALTHCARE INFORMATION*****

I hereby authorize Pediatric Urgent Care of Northern Colorado to speak to the individual(s) named below regarding my/my child's protected health information (optional):

NAME: _____ Relationship to Patient: _____

NAME: _____ Relationship to Patient: _____

MAY WE LEAVE DETAILED HEALTH INFORMATION ON YOUR VOICEMAIL?

YES: _____ Phone Number: _____ No: _____