

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES & CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

Patient Name:		DOB:
E-Mail Address:		
We will not sh	are your e-mail address or use i	t to transmit medical or clinical information
,	nklin Medical Group to contact	broups "Notice of Privacy Practices". me at the following numbers and to leave a
•	IING APPOINTMENTS	PHONE ()
		Home / Mobile / Work (Circle)
MESSAGES CONCERNING MEDICAL INFO		
(For example lab or test results)		Home / Mobile / Work
(Circle)	,	
` '	n Medical Group to communica	te with the following persons regarding my
health care:	r	81 84 87
	Phone #:	Relationship:
Namas	Dhone #	Dalationship
		Relationship:
		e of changes and/or cancellations is received in
the offices of Franklin Medical C	<u> Broup.</u>	

3) **Assignment of Benefits:** I authorize direct payments to Franklin Medical Group, PC or its designated billing agent for services rendered.

Guarantee of Payment: I will be responsible for payment for all non-covered services. If my health plan does not consider Franklin Medical Group to be a participating provider, I will accept full financial responsibility for payment of incurred charges. I understand that any balance due as a result of being uninsured or under-insured is payable immediately.

Consent for Treatment: I do voluntarily consent to the rendering of such care as the provider and / or medical personnel deem necessary for my health and wellbeing. This consent shall include medical examination and diagnostic testing as well as minor surgical procedures OR I may receive a practice specific consent form. The form may also include the carrying out of orders of my treating provider by office personnel. I acknowledge that neither the provider nor the office personnel has made any guarantee or assurance as to the results that may be obtained.

care delivery through our electronic medical reco across the Franklin Medical Group, and some oth	r patient experience, we seek to coordinate and integrate our ord (EMR) which is paperless. We share access to the EMR her Franklin Medical Group affiliated practices (accessed hes). Our current EMR does not functionally allow us to air Medical Group staff and related practices.
to all your health information, including information behavioral health, and HIV/AIDS. If health information, you specifically authorize the releas the authorized health care providers and profession this authorization at any time except to the extent this consent will expire if and when Franklin Meapaper system for documenting the care of patient EMR system facilitates your care. If you don't was all the system facilitates and the system facilitates are system for documenting the care of patient that the system facilitates are system for documenting the care of patient that the system facilitates are system for documenting the care of patient that the system facilitates are system for documenting the care of patient that the system facilitates are system facilitates.	and and agree that you are allowing disclosure of and access tion related to alcohol and substance abuse/use, mental or rmation about you includes any of these types of e of such information to, and access to such information by, onals listed at