

# ACKNOWLEDGEMENT OF POLICIES



Print Patient Name

Date of Birth

I, the patient named above, attest that I am capable of reading and comprehending this form and accompanying policies, without assistance, and I have signed the form of my own free will. I agree that I have been made aware of the availability of assistance and/or an interpreter to help me in completing this form. I have also been made aware that a copy of the policies are available to me upon request.

My **initials** below verify that I have read and understand the River Cities Interventional Pain Specialists:

\_\_\_\_\_ *General Office Policies*

\_\_\_\_\_ *Patient Portal Guidelines*

\_\_\_\_\_ *Financial Policy*

\_\_\_\_\_ *Medication Refill & Electronic Prescribing*

\_\_\_\_\_ *Consent to Treat*

## NOTICE OF PRIVACY PRACTICES

River Cities Interventional Pain Specialists, as well as the employees and agents of the Organization, will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care.

We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regard to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution.

### My signature below acknowledges:

- I have received a copy of the Notice of Privacy Practices.
- I have been informed of my rights and obligations as a patient.
- My understanding of the information contained herein.

I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf.

Print Name

Signature

Date

### For Office Use Only

*RCIPS Representative*

Print Name

Signature

Date

#### **Complete this section if you are unable to obtain signature**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices however acknowledgement could not be obtained due to:

Individual refused to sign                       Communication barriers prevented obtaining acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other: