

Signature Page

Patient's Name: _____

Parent's or Guardian's Name (if other than self): _____

Acknowledgment of Email Policy

1. I have read Avery Wood MD's Policies and Procedures regarding the use of email. I have received answers to all of my questions about using e-mail to communicate with Dr. Avery Wood.
2. I understand that e-mail is never appropriate for urgent or emergency situations.
3. I understand that emails sent to Dr. Avery Wood from any email address other than a OneBox email address is considered insecure and I assume all responsibility for any misuse or misdirection of personal health information contained in such emails.

Signature: _____ Date: _____

Acknowledgment of Policies and Procedures

I have read the Policies and Procedures of Avery Wood MD including her payment policy and have had all of my questions answered regarding its contents.

Signature: _____ Date: _____

Acknowledgment of Privacy Practices

I have received the Notice of Privacy Practice for Protected Health Information of Avery Wood MD and have had all of my questions answered regarding its contents.

Signature: _____ Date: _____

Consent to Use or Disclose Protected Health Information

I consent to the use of or disclosure of my protected health information by Avery Wood MD for the purpose of providing treatment, obtaining payment or conducting health care operations as explained in the Notice of Privacy Practice. I may revoke this consent in writing except if actions rely on this consent.

Signature: _____ Date: _____