

Medical Center Obstetrics and Gynecology
Johnson City Internal Medicine Associates
Johnson City Pediatrics
FirstChoice Internal Medicine
FirstChoice Family Practice
FirstChoice Pediatrics
Family Physicians of Johnson City
Pinnacle Family Medicine



Blue Ridge Family Medicine
SoFHA Clinical Trials
SoFHA DME
SoFHA PFT
SoFHA Central Laboratory
SoFHA Physical Therapy
SoFHA Sleep Center
SoFHA Walk-In Clinic

Acknowledgement of Notice of Privacy Practices

I have been given the opportunity to review the Notice of Privacy Practices and understand that the Notice describes how my protected medical information may be used and disclosed and how I may get access to this information. I have also been given the opportunity to take a copy of the Notice of Privacy Practices for further review.

If for some reason the facility needs to relay my protected medical information, i.e. lab results and billing issues, you can either leave a message or discuss my information with the following individual(s):

<u>NAME:</u>	<u>RELATIONSHIP:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

By signing below, I agree to the fore mentioned statements

Patient or Guardian

Date

(If Guardian, relationship to patient)

Practice Representative

Date

Patient Name

DOB

Account Number

Chart Number
