

BAYVIEW



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PHYSICIANS GROUP

PATIENT ACKNOWLEDGMENT AND CONSENT

FACILITY: NowCare Medical Center - Suffolk

I have been given a copy of Bayview Physician Group's Notice of Privacy Practices, version effective September 23, 2013. I consent to the uses and disclosures of my health information as outlined in the Notice.

Patient's Name: _____

Patient's Signature: _____

Date: _____

If you are signing as the personal representative of the patient:

Representative's Name: (Print)	Representative's Signature:	Relationship to Patient:

Please describe the Representative's authority to act on behalf of the patient:

FOR OFFICE USE ONLY:

If acknowledgment of receipt of the Notice of Privacy is not obtained from the patient or patients representative, please explain your efforts to obtain acknowledgment and the reason you could not obtain it:
