<u>WAGNER INTEGRATIVE THERAPIES</u>
875 N. Easton Rd, Ste 5B
Doylestown, PA 18902
(215) 230-8100

Acknowledgement of Receipt of Notice of Privacy Practices
&
Consent for Use and Disclosure of Protected Health Information

I hereby acknowledge that I have received the Office's Notice of Privacy Practices (effective January 1, 2016) and consent to the use and disclosure of my health information for treatment purposes, payment activities, and healthcare operations of the office as described in the Notice.

_______________________________________ ______________ _____________________
NAME OF PATIENT (PLEASE PRINT) DATE OF BIRTH DATE

____
SIGNATURE OF PATIENT
(OR PATIENT'S PERSONAL REPRESENTATIVE, IF APPLICABLE)

_______________________________________ _____________________________________
PLEASE PRINT NAME OF PERSONAL REPRESENTATIVE RELATIONSHIP TO PATIENT
(IF ABOVE SIGNED BY PERSONAL REPRESENTATIVE)

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I hereby consent and agree that Wagner Integrative Therapies may disclose information regarding my health information, including information regarding my appointments (date, time), prescription information, or other requested health information to the following family members, or other specified individuals listed below. (**This includes: spouse, children, parents, grandparents, any care takers who can have access to this patient's records)**

PLEASE PRINT INDIVIDUALS' NAMES AND RELATIONSHIP TO YOU

Name:______________________________Relationship to Patient:__________________________________

Name:______________________________Relationship to Patient:__________________________________

Name:______________________________Relationship to Patient:__________________________________

I AUTHORIZE CONTACT FROM THIS OFFICE TO CONFIRM MY APPOINTMENTS, TREATMENT, BILLING INFORMATION, AND OTHER HEALTH INFORMATION ABOUT MYSELF VIA:

______cell phone Can we leave a voicemail? **Yes** or **No** Cell number:______________________

______home phone Can we leave a voicemail? **Yes** or **No** Home Number:____________________

______work phone Can we leave a voicemail? **Yes** or **No** Work Number:_____________________

______Email Can we leave an email? **Yes** or No Email:____________________________

______All of the Above