

Dr Dunham Family Practice

Signature Page

Acknowledgement of Office Policies, Payment Policies, and Privacy Policy

1. I have read and understand the information about office policy, email, telephone calls, and access to my electronic health record. My questions have been answered.
2. I understand that email is never appropriate for urgent or emergency situations.
3. I understand that emails sent to the practice from any email address other than the dr dunham server address will be considered insecure and the patient will assume all responsibility for any misuse or misdirection of personal health information contained in such emails. The practice may not recognize an email that is not through the dr dunham server address.
4. I have read the Payment Policy of the practice and I have received answers to all of my questions regarding this policy.
5. I have read the Notice of Privacy Practices for Protected Health Information and have had all of my questions answered regarding this policy.
6. The best way to contact me about health information is: (circle one)
 Phone email home address
7. In case of an emergency please contact:

Name: _____

Phone number(s): _____

8. I authorize the following persons to receive medical information regarding my care:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Patient Signature: _____ Date: _____ Printed Name: _____
