

Please sign this informed consent and return to Gentry Health Services in the provided postage paid envelope

Medical Information Release Form with Acknowledgment of Receipt of Welcome Kit and Notice of Privacy Practices

Name: _____

Date of Birth: ____/____/____

Release of Medical Information

HIPAA RELEASE: In accordance with the HIPAA Privacy Regulations, GENTRY HEALTH SERVICES may disclose to a member of your family, other relative, a close personal friend, or any other person identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to your health care. Please assist us by identifying below individuals who are involved in your care and/or in the payment of your care to whom a limited amount of information may be released. If there are no such individuals, please indicate below.

I authorize the release of information including the diagnosis, records, examination rendered to me and claims information.

This information may be released to: (check all that apply)

Spouse _____ Phone _____

Child(ren) _____ Phone _____

Other _____ Phone _____

Information is not to be released to anyone.

Note: This Release of Information will remain in effect until terminated by you in writing.

Messages (check all that apply)

Please call: my home Phone: _____

my work Phone: _____

my cell Phone: _____

I authorize Gentry Health Services to communicate with me via text to coordinate refills or discuss my care.

e-mail Address: _____@_____

I authorize Gentry Health Services to send detailed information regarding my prescription or prescription order via email.

If unable to reach me:

Gentry may leave a detailed message on my voicemail

Please leave a simple message asking me to return Gentry's call

The best time to reach me: (day of week) _____ between _____ and _____ AM / PM

Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

Acknowledgement of Receipt of Welcome Kit and Notice of Privacy Practice

The Welcome Kit provides valuable information about your care with Gentry Health Services. Enclosed you will find the following:

Medical Release Form

Emergency Preparedness Flyer

Patient's Rights & Responsibilities

Proper Disposal of Medications

Complaint Procedure / Form

Patient Management Program

Notice of Privacy Practices

Frequently Asked Questions (FAQ)

Patient Satisfaction Survey

By signing below, you acknowledge that you have received, read, and understand the Welcome Kit and Notice of Privacy Practices provided by Gentry Health Services.

Patient Signature

_____/_____/_____
Date