FAMILY CENTER FOR HEALTH CARE

310 EAST COLLEGE DRIVE
(785) 462-6184
FAX (785) 460-1490
"Our Family Taking Care of Your Family"

NPP Acknowledgement and Release of Info

I, Patient Name, am authorizing you to use all forms of media ie. voicemails, e-mails, text, fax, etc. to contact me and any authorized person(s) and disclose any and all medical information concerning my medical/physical condition, treatment, and test results with the following people:

Full Name / Relationship

1.

2.

3.

4.

5.

I understand that these consents will remain in effect until a written authorization is submitted to Family Center for Healthcare.

I hereby acknowledge that I have had the opportunity to receive/read a copy of this clinic's Notice of Privacy Practices.

Patient Name (print): Date of Birth:

Signature: Date:

Relationship:

Consent to Patient Portal Access

I understand that I may grant others access to my health record, ie. spouse, significant others, adult children or other family members upon my consent. Parents and legal guardians will be granted automatic access to minor's charts until the age of 18. Upon a minor reaching the age of 18, access will be removed automatically, thereafter the patient is considered an adult and will need to sign a release for any distribution of Personal Health Information.

I agree to allow the following persons to access my medical information through the Family Center for Health Care Portal.

Full Name / Relationship

1.

2.

3.

4.

5.

Patient Name (print): Date of Birth:

Signature: Date:

Relationship: