CAROLINAEAST PHYSICIANS

OFFICIAL USE ONLY - MRN

PATIENT ACKNOWLEDGEMENT AND CONSENT

Patient's First Name _____ MI ___ Last Name _____ Birthdate ___/___/_____

Initial here if no one is allowed to obtain your medical information: _____ *-OR-*

The following individuals have my permission to obtain my medical information:

Printed full name _____ Birthdate ___/___/_____ Telephone (___) ___-_____ Relationship _____

Printed full name _____ Birthdate ___/___/_____ Telephone (___) ___-_____ Relationship _____

Printed full name _____ Birthdate ___/___/_____ Telephone (___) ___-_____ Relationship _____

By signing this document, I confirm that I, *the Patient or legal representative*, have been provided with the CarolinaEast Health System Notice of Privacy Practices, effective September 1, 2013, and also agree to the information listed above. I consent to the uses and disclosures of my health information as outlined in the Notice and this Acknowledgement.

Signature of Patient -or- Representative _____ Date of signature ___/___/_____

Representative's printed name _____ Representative's birthdate ___/___/_____

Signature of CarolinaEast Physicians' Witness* _____ Witness' printed name _____

*Witness will indicate the representative's authority to act on behalf of the Patient by checking the applicable item below:

☐ Parent or legal Guardian of the above minor.
☐ Legal Guardian of an adult Patient who has been adjudicated incompetent.
☐ Acting under a Durable Power of Attorney for Health Care for the Patient.
☐ Other_____

* I have confirmed that the above Representative is 1) the parent or legal guardian of the Patient who is a minor, or 2) acting under a North Carolina Durable Power of Attorney for Health Care for the Patient and has presented the official document in proof *or* is Guardian of the Person or General Guardian (Guardian of the Estate is not valid for healthcare) and presented an official Letter of Appointment where he/she is named as such in proof. A copy of the official document will be retained in the Patient's electronic health record.