



# Patient Acknowledgement Form

As a Patient/Parent/Conservator/Guardian of Riverside Medical Clinic I acknowledge that the following information has been discussed and made available to me:

- \_\_\_\_\_ Consent to Use and Disclose Protected Health Information (Document)  
(Initial)
- \_\_\_\_\_ Authorization to Contact Information (Document)  
(Initial)
- \_\_\_\_\_ Notice of Privacy Practices Patient Acknowledgement (Document and Brochure)  
(Initial)
- \_\_\_\_\_ Patient Rights and Responsibilities (Brochure)  
(Initial)
- \_\_\_\_\_ Advance Healthcare Directive (18 yrs and older) (Brochure)  
(Initial)
- \_\_\_\_\_ My Healthy Connection (Brochure)  
(Initial)
- \_\_\_\_\_ Health Information Exchange (Brochure)  
(Initial)
- \_\_\_\_\_ California Immunization Registry (CAIR) Notice (Document)  
(Initial)
- \_\_\_\_\_ Surgery Center Brochure (regarding ownership)  
(Initial)

## Assignment of Insurance Benefits, General Consent and Information Verification

My signature below hereby authorizes my insurance company(ies) to pay for all medical services rendered. I understand that I am financially responsible for all charges not covered by my insurance company. I authorize release of medical information to said insurance company(ies). Additionally, my signature provides willing consent to procedures which may be performed, including emergency treatment or services, and which may include but is not limited to, laboratory procedures, x-ray exams, medical or surgical treatment or procedures, anesthesia, vaccinations, or services rendered to the patient under the general and special instructions of the patient's physician or his designate.

I understand that a missed appointment may be subject to a charge if 24 hour prior notice is not given and that all returned checks will be subject to a \$20 processing fee. Failure to replace and pay all returned checks and the processing fee could result in the item being turned over to the District Attorney's Office.

\_\_\_\_\_  
Signature Date If Not Patient, Relationship

For Office Use: Once form is completed, scan into the electronic registration documents table and destroy original.