

Acknowledgment of Policies

Patient's Name: _____

Parent's or Guardian's Name (if applicable): _____

Acknowledgment of Policies and Procedures

_____ (please initial) I have reviewed the office policies of Avery Wood MD LLC (called Frequently Asked Question on the office website, including the email policy and have had all of my questions answered regarding its contents.

Acknowledgment of Privacy Practices

_____ (please initial) I have reviewed the Notice of Privacy Practice for Protected Health Information of Avery Wood MD LLC and have had all of my questions answered regarding its contents.

Acknowledgment of Community Health Team Policies

_____ (please initial) I have received the Policies for the Vermont Blue Print for Health and the Community Health Team at Avery Wood MD LLC and have had all of my questions answered regarding its contents.

Signature: _____ Date: _____

Communication Authorizations

I authorize Avery Wood MD, John Hearst MD, employees of Avery Wood md LLC and the Community Health Team at her office to leave messages on my phone's answering machine or voice mail.

Signature: _____ Date: _____

I authorize Avery Wood MD, John Hearst MD, employees of Avery Wood md LLC and the Community Health Team at her office to send me email at the address I have provided in accordance with her policies.

Signature: _____ Date: _____