

NOVA MEDICAL AND URGENT CARE CENTER INC
Nova Medical Group/Nova Urgent Care
Receipt of Notice of Privacy Practices Acknowledgement

I, _____, acknowledge receiving on
 (print patient name)

_____, a copy of Nova Medical and Urgent Care Center Inc.
 (print date)

notice of privacy practices.

Patient signature or initials

I authorize Nova Medical and Urgent Care Center, Inc. to utilize the following email address
 _____ for the following purposes:

(Please check all that you authorize)

- ____ Appointment Confirmations
- ____ Medication Refill Notifications
- ____ Test Results
- ____ Billing/insurance related matters
- ____ Notification of new or improved treatment protocols
- ____ Lecture and Educational Updates
- ____ other _____

 Patient Name

 Effective Date

 Patient Signature

 Expiration Date

FOR OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement of this Receipt of Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date	Staff Initials	Reason
		Refused to sign (circle if applicable) Other: