

Patient Acknowledgment and Consent Form

For New Patients Only

Notice of Privacy Practices

I acknowledge that I have been given access to a copy of Mountain Kidney & Hypertension, P.A.'s *Notice of Privacy Practices* (hard copy, electronic version posted on www.mtnkidney.com, posted in the office), version effective September 23, 2013. I consent to the use and disclosures of my health information as outlined in the notice. Mountain Kidney & Hypertension, P.A., its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

_____/_____/_____
Signature of Patient or Representative Printed name of Patient or Representative Date

Relationship of Representative to Patient _____

Describe the Representatives authority to ask an behalf of the Patient _____

Patient – Provider Contract Agreement

I acknowledge that I have read and completely understand the Mountain Kidney & Hypertension Associates, P.A. *Patient – Provider Contract* provided to me in my New Patient Packet.

_____/_____/_____
Signature of Patient or Representative Printed name of Patient or Representative Date

Financial Policy Contract Agreement

I acknowledge that I have read and completely understand the Mountain Kidney & Hypertension Associates, P.A. *Financial Policy Contract* provided to me in my New Patient Packet.

_____/_____/_____
Signature of Patient or Representative Printed name of Patient or Representative Date

e-Prescribing Consent Agreement

I acknowledge that I have read and completely understand the Mountain Kidney & Hypertension Associates, P.A. *e-Prescribing Consent Form* provided to me in my New Patient Packet.

_____/_____/_____
Signature of Patient or Representative Printed name of Patient or Representative Date