NORTH LIBERTY FAMILY HEALTH CENTRE, P.C.

N.L. HEMPY, M.D. L.R. JOHNSON, M.D. J.A. MAXSON, M.D. S.A. VON HARZ, M.D.

A.N. EVANS, A.R.N.P.

420 COMMUNITY DRIVE SUITE 1~ NORTH LIBERTY, IA 52317

OFFICE (319) 626-6006

INFORMATION RELEASE FORM

Information relevant to my health care may be discussed with the following individuals: Please check and list the name(s) of the individual(s) with whom you allow verbal health discussion.

_	Spouse/Partner	Phone #
	Child(ren)	Phone #
	Parent(s)	Phone #
_	Other	Phone #
	Answering Machine / Voice Mail	Phone #
	May we contact you at work	Phone #
_	May we contact you on your cell	Phone #
	Self Only	
Name	Relationship to patient	Phone #
divorce, et	nd it is my responsibility to contact North Libe	rty Family Health Centre for any changes (e.
in North Li	c). Neglecting to inform North Liberty Family I our health information being shared against yo berty Family Health Centre not being allowed to have involved in your health care.	Health Centre of any changes to this list coul our wishes. Not updating this list could resul
in North Li	our health information being shared against your health information being shared against your health care.	Health Centre of any changes to this list coul our wishes. Not updating this list could resul
in North Li would like Patient's N	our health information being shared against your health information being shared against your health care.	Health Centre of any changes to this list coul our wishes. Not updating this list could resul to give information to an individual you
in North Li would like Patient's N	our health information being shared against your health information being shared against your Family Health Centre not being allowed to have involved in your health care. ame	Health Centre of any changes to this list coul bur wishes. Not updating this list could resul to give information to an individual you Date of Birth

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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I am aware of the Provider's Notice of Privacy Practices posted at North Liberty Family Health Centre, P.C. The Notice of Privacy Practices describes how identifiable health information may be used and disclosed and states your rights with respect to your medical information.

I understand that North Liberty Family Health Centre, P.C. has the right to revise these information practices and to amend the Notice of Privacy Practices. I understand that in the event that the notice that the notice is revised, the revised Notice will be posted at the North Liberty Family Health Centre, P.C. At any time, upon request, I may obtain a copy of the Privacy Practices Policy.

Printed Patient Name	per a mini vila sac	
Signature of Patient/Guardian/Representative	Date signed	