



Signature Page

Patient Name	DOB
Parent/Guardian Name (if other than self)	DOB

Acknowledgment of Email Policy

- I have read Maranacook Family Health Care's Policies and Procedures regarding the use of email. I have received answers to all of my questions about using e-mail to communicate with Maranacook Health Care.
- I understand that e-mail is never appropriate for urgent or emergency situations.
- I understand that emails sent to Maranacook Health Care from any email address other than a OneBox email address is considered insecure and I assume all responsibility for any misuse or misdirection of personal health information contained in such emails.

Signature	Date

Acknowledgment of Policies and Procedures

I have read the Policies and Procedures of Maranacook Family Health Care, including their payment policy and have had all of my questions answered regarding its contents.

Signature	Date

Acknowledgment of Privacy Practices

I have received the Notice of Privacy Practice for Protected Health Information of Maranacook Family Health Care and have had all of my questions answered regarding its contents.

Signature	Date

Consent to Use Of Disclose Protected Health Information

I consent to the use of or disclosure of my protected health information by Maranacook Family Health Care for the purpose of providing treatment, obtaining payment or conducting health care operations as explained in the Notice of Privacy Practice. I may revoke this consent in writing except if actions rely on this consent.

Signature	Date