



## Acknowledgment of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices for Moore Express Urgent Care, detailing how my information may be used and disclosed as permitted under federal and state law.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

If not signed by patient, please indicate relationship to patient (e.g., mother) and signer's name.

**Relationship:** \_\_\_\_\_

### I wish to allow the following individuals to have access to my medical records:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship