WOOD FAMILY MEDICINE

Dr. Mathew Wood
2108 Lumber Ave. Ste 6
Wheeling, WV 26003
(304) 780-6958

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

Patient Name: _____ Birthday:_____

I have received a paper copy of the Wood Family Medicine Notice of Privacy Practices and understand that if I have any questions about this notice I may contact one of the Privacy Offices at Wood Family Medicine.

Signature Date Witness Signature

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I herby authorize Family Wood Medicine to use and/or disclose any and all Protected Health Information (PHI) about me to the following person(s):

_____ _____

Patient Signature Date Witness Signature
