



2114-2116 East Rusk St. Jacksonville, TX 75766
Clinic Phone: 903.284.6105 Fax: 903.284.6140
Urgent Care Phone: 903.339.3022 Fax: 903.339.3021

AUTHORIZATION FOR VERBAL RELEASE OF INFORMATION

Authorization for Use or Disclosure of Information for Family First Clinic & Urgent Care

I, _____, hereby authorize Family First Clinic & Urgent Care to disclose my protected health information to:

1. _____ 2. _____

**** This protected health information is being used or disclosed for the following purposes: Information directly related to Treatment, Payment and/or Health care operations. The information may include, but not be limited to medical information, demographics, insurance, dates of service, type of service, charges and reasons for denial or patient responsibility, etc.**

I understand that I have the right to revoke this authorization, in writing, at any time by sending Family First Clinic & Urgent Care such written notification.

Signature of Patient / Representative

Date

Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have been given the opportunity to review and request a copy of the Family First Clinic and Urgent Care of Jacksonville's Notice of Privacy Practices (Notice) on the date indicated. If you have any questions regarding the information in Family First Clinic and Urgent Care Notice of Privacy Practices, please do not hesitate to contact a clinic representative.

Patient Name (Printed): _____

Signature: _____

Date Notice Received: _____

If Patient Representative, Name & Relationship _____