

Foothills Health & Wellness Center

PATIENT SIGNATURE CONFIRMATION

I hereby confirm that I have received/read copies of the following *Foothills Health & Wellness Center* policies and documents and I have had the opportunity to ask questions about each of them. I acknowledge that these Policies are posted in the clinic lobby, may be available upon request and may be accessed through the *Foothills Health & Wellness Center* website: (www.foothillscap.org)

- Sliding Fee Authorization Form
- Financial Policy
- Patient Centered Medical Home Model
- HIPPA Privacy Acknowledgement Form
- HIV/AIDS Information
- Assignments and Authorizations
- Patient/Client Rights
- Notice of Privacy Practices

Signature of Patient or Legal Guardian

Date

Staff Signature

Date

If the patient is unable to sign, secure consent of next of kin or legal agent and indicate reasons by checking the appropriate box:

- Minor
- Disorientated
- Medically Unstable
- Incompetent