



### Receipt of Information Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

**Initial Here**

I have received a copy of the Fetter Healthcare Network, Inc., "**SCHIEx Information Exchange**" which shares personal health information to provide, coordinate, or manage your health care and any related services.

I have received a copy of the Fetter Healthcare Network, Inc., "**Notice of Patients**", (FTCA) which explains health centers are considered Federal employees and are immune from lawsuits, with the Federal government acting as their primary insurer.

I have received a copy of the Fetter Healthcare Network, Inc., "**Patient Access & Hours of Operation**" which outlines the accessibility of sites and services

I have received the "**Patient Certification Policy**" Form which explains expectation of payment and information needed.

I have received a copy of the "**Consumer Rights**" and "**Patient-Centered Medical Home Acknowledgement Form**" which outlines my rights as a patient at Fetter Healthcare Network.

I have received a copy of the "**Cancellation & No Show Policy**" which explains the process for cancelling appointments.

I have received the "**Patient Services Orientation**" statement. The orientation pertains to the rules of the facility, my rights as a consumer of services, and services offered at the Fetter Healthcare Network, Inc. I understand this information and will be held accountable for my actions.

I have received a copy of the Fetter Healthcare Network, Inc., "**Notice of Privacy Practices**", which details how my personal health information including substance abuse, mental health and medical services may be used and disclosed as permitted under federal and state law. I have read, or have had read to me, the notice and understand the contents of this notice.

I have received a copy of the "**Informed Consent for Counseling Services**," which explains counseling services and policies.

I have received a copy of the "**Limits to Confidentiality**," which outlines my rights to confidentiality as a consumer at Fetter Healthcare Network, Inc. I have read, or have had read to me, the notice and understand the contents of this notice.

I have signed a copy of the "**Consent of Release of Information**," which outlines my rights to confidentiality as a consumer at Fetter Healthcare Network, Inc.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***If not signed by the consumer, please indicate the relationship to the consumer of the person signing:***

Relationship: \_\_\_\_\_ Witness: \_\_\_\_\_

**INTERNAL USE ONLY:**

If a consumer refuses to sign acknowledgement of receipt of this information, please document the date and time the information was presented to the consumer and sign below:

Presented on (Date and Time): \_\_\_\_\_

By (Name and Title): \_\_\_\_\_