South Palm
Family Center
1701 Hillmoor Drive, Suite 9
Port St Lucie, FL 34952
TELEPHONE: 772-348-0303
FAX: 772-348-0307

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF

OFFICE AND PRIVACY PRACTICES

Patient Name: _____ Date of Birth: _____

Guarantor Name: _____ Date of Birth: _____

1. I have read and received a copy of South Palm Family Center's Notice of Office and Privacy Practices.

2. I hereby authorize South Palm Family Center to obtain medical information that may be needed for my healthcare.

3. I authorize one or both of the following persons to make/cancel/or receive any information regarding my appointments.

4. Referrals to specialists may require up to 1 (one) weeks' notice to be fulfilled. In case of an emergency the office will try to expedite this service.

5. Medication refills require a 48-72-hour notice. Antibiotics will not be called into a pharmacy without an appointment. Other medications that need refills will not be called into a pharmacy after business hours.

6. NO SHOW POLICY – There will be a $25.00 fee for missed appointments or cancellations with less than 24-hour notice. Patients that have a history of repeated 'NO SHOWS' may be subject to dismissal from the practice for 'non-compliance'.

Person #1 Name: _____ Date of Birth: _____

Person #2 Name: _____ Date of Birth: _____

Patient/Guardian Signature: _____ Date: _____