



Checklist

The following documents outline my rights and privileges at River Valley Family Health Center and have been explained to me on (date) ____/____/____ and I have had a chance to ask questions about how my information will be used. I understand the practices and agree to comply. I have been offered copies of the following documents **(please initial)**:

_____ Late Appointment Policy

_____ No Show Policy

_____ Narcotic Policy

_____ Privacy Practices

_____ Welcome Letter

Printed Name of Patient

Patient Date of Birth

Signature of Patient

Date

Signature of Guardian (if patient under age 18)

Date

