State of Franklin
HEALTHCARE ASSOCIATES™

Pain Management

301 Med Tech Parkway, Suite 110
Johnson City, TN 37604
Phone: (423) 794-5580 | Fax: (423) 232-8561

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I have been given the opportunity to review the Notice of Privacy Practices and understand that the notice describes how my protected medical information may be used, disclosed, and how I may get access to this information. I have also been given the opportunity to take the copy of the Notice of Privacy Practices for further review.

If for some reason the facility needs to relay my protected medical information, i.e. Lab results and billing issues, you can either leave a message or discuss my information with the following individual(s):

	NAME	RELATIONSHIP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

EMERGENCY CONTACT *DIFFERENT THAN YOUR HOME NUMBER PLEASE*

NAME:_____ PHONE #: _____

By signing below, I agree to the fore mentioned statement

X_____ _____
Patient or Guardian Signature Date

_____ _____
Practice Representative Date

PATIENT NAME:_____ Account/Chart#:_____