



Amy Lane, APRN
 Pathways Building
 410 Salem Turnpike, Bozrah, CT 06334
 (860) 823-0245 Fax (860) 823-0249
www.Amylaneaprn.com

Primary Mental Health & Family Nurse Practitioner

Consent to Treatment

1. Consent to treatment. I hereby give my consent to the treatment and testing deemed necessary any the licensed medical providers of Amy Lane APRN, LLC. I also certify that no guarantee or assurance has been made as to the outcome of my treatment. I also certify, that if the patient being treated is a minor, I am legal guardian of said patient.
2. I understand that if hospitalization or further treatment is required, Amy Lane APRN, LLC will make an attempt to notify the client’s personal physician or arrange for another appropriate physician to provide this care.
3. I permit the use of a copy of this authorization as an original.

 Signature

 Date

 Witness

 Date

Notice of Privacy Practices HIPPA Receipt and Acknowledgment of Notice

Patient/Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given the opportunity to read a copy of Amy Lane APRN, LLC Notice of Privacy Practices. I understand that if I have any questions regarding the notice of my privacy rights, I can contact Amy Lane APRN.

Signature of Patient/Client

Date

Signature or Parent, Guardian or Personal Representative

Date

 If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney etc).

€ **Patient/Client Refuses to Acknowledge receipt:**

Signature of Staff Member

Date