Amy Lane APRN LLC Primary Mental Health and Family Practice Nurse Practitioner

P.O Box 694
Norwich, CT 06360
(860) 823-0245 Fax (860) 213-8350

Consent to Treatment

1. Consent to treatment. I hereby give my consent to the treatment and testing deemed necessary by any of the licensed medical providers of Amy Lane APRN, LLC. I also certify that no guarantee or assurance has been made as to the possible outcome of my treatment. I also certify, that if the patient being treated is a minor, I am the 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 _____

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**