Riverbend Health Care, P.C.

Sharon K. Geimer, M.D.

Internal Medicine and Pediatrics

44344 Dequindre, Ste 480
Sterling Heights, MI 48314

Patient Acknowledgement of Receipt of "Notice of Privacy Information Practices" and Authorization

By signing this form, I confirm that I have received, reviewed, and read the Notice of Privacy Information Practices for Riverbend Health Care, P.C.

I authorize the following person(s) to receive information regarding my protected health information:

Name _____

Relationship to Patient _____ Birth Date _____

Name _____

Relationship to Patient _____ Birth Date _____

Name _____

Relationship to Patient _____ Birth Date _____

_____
Signature of Patient or Legal Representative

Print Patient Name _____ Maiden or Other Names _____

Date _____ _____

_____Patient/Representative Refused to Sign Date _____

Employee Witness _____ Date _____