**Randolph Primary Care, PA**

350 N. Cox St. Ste. 6

Asheboro, NC 27203

Phone 336/629-2201 Fax 336/629-2205

**NOTICE OF PRIVACY PRACTICES**

I acknowledge I have received, read and understand Randolph Primary Care, PA’s Notice of Privacy Practices. I understand the Notice describes the uses and disclosures of my Protected Health Information (PHI) by Randolph Primary Care, PA and informs me of my rights with respect to my Protected Health Information (PHI).

For more information, please contact Randolph Primary Care, PA’s

Privacy officer at 336/629-2201

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Patient/Representative Signature Patient/Representative Printed Name Relationship Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason Patient Cannot Sign

**Authorization to Release Medical Information**

I authorize Randolph Primary Care, PA to discuss my medical and financial information with the following person(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Contact Method

**Authorization to access Electronic Medical Records through the RPC Patient Portal? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

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Name Relationship Contact Method

**Authorization to access Electronic Medical Records through the RPC Patient Portal? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

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Name Relationship Contact Method

**Authorization to access Electronic Medical Records through the RPC Patient Portal? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

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Name Relationship Contact Method

**Authorization to access Electronic Medical Records through the RPC Patient Portal? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

 Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_