

Record of Acknowledgement

Patient's Name

Date of Birth

I acknowledge receipt of the Patient Welcome Handbook from Texas Oncology Pharmacy, and the following documents that require my signature:

Patient Welcome Packet

HIPAA Authorization for Use and Disclosure of Protected Health Information (PHI)

This form allows you to tell us how we may use and share your health information.

If you'd like to authorize someone to have access to your health information, you must return this form.

Acknowledgement of receipt of Notice of Privacy Practices

This form confirms you've received the Notice of Privacy Practices, which explains how your information is kept private.

Patient Rights and Responsibilities

Acknowledgement of receipt of advance healthcare directives options

Patient satisfaction and grievance process

Signature of Patient or Patient's Representative

Patient Representative's Name (Please Print)

Relationship to Patient

Date Signed

Name of Texas Oncology Pharmacy Representative

Date Completed

Return the patient signed copy to Texas Oncology Pharmacy