

Patient Name: _____ DOB: _____ Date: _____

Arizona Urology Specialists, PLLC

Consents Form

Would you like a copy of the Notice of Privacy Practices? Declined Accepted

Do you have an Advance Directive? (Legal document expressing your critical care wishes when you are unable to decide for yourself)
Yes No

Acknowledgement of Notice of Privacy Practices:

I have been offered a copy of the Notice of Privacy Practices. I understand that Arizona Urology Specialists, PLLC has the right to change its Notice of Privacy Practices from time to time and that I may contact Arizona Urology Specialists, PLLC at any time to obtain a current copy.

**Signature: _____ Date: _____

Authorization of Release of Health Information:

I authorize the following individual(s) to have access to my personal health information.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

**Signature: _____ Date: _____

Notice of Limited English Proficiency:

I have been offered a copy of the Notice of Limited English Proficiency. I understand that if I have Limited English Proficiency, I must provide a reliable, competent and proficient translator. If I cannot provide this translator, I must notify Arizona Urology Specialists, PLLC in writing.

**Signature: _____ Date: _____

Consent to Obtain Electronic Medication History:

To optimize the use of electronic prescribing of medications and coordinate care between my providers, I hereby authorize Arizona Urology Specialists, PLLC to access my medication history without limitation or exclusion as is reasonably necessary to disclose, retrieve, and view medications issued by a provider.

**Signature: _____ Date: _____

Portal Authorization:

The Patient Portal is a secure web-based system that allows for protected communication and transfer of information between the clinic and the patient. By signing below, you agree to the terms and conditions set forth in the Patient Portal Authorization Policy.

**Signature: _____ Date: _____