

North Coast Family Health, Inc.
500 Market Street, Suite 1F
Portsmouth, NH 03801
603-427-6800

Confidentiality and Release of Information

I understand that North Coast Family Health will maintain records on me relating to the naturopathic medical services provided to me. I further understand that North Coast Family Health will maintain the confidentiality of those records and will not disclose them without my written authorization, except as authorized below.

I authorize North Coast Family Health to release any medical or health information about me as follows: (1) to other health care professionals with whom North Coast Family Health may consult in order to provide services to me, and; 2) as required by law.

I understand that I may receive a copy of my medical record upon written request and upon payment of the copying charges associated with preparing my record.

I understand that North Coast Family Health will keep my medical record for a minimum of seven years.

Date

Signature of Patient

Signature of Patient Representative or Guardian

Payment for Services

I accept full responsibility for the medical charges incurred by myself or the patient for whom I am legally responsible. I agree to pay North Coast Family Health for all charges in full at the time of service, unless other arrangements have been approved by North Coast Family Health.

Date

Signature of Patient

Signature of Patient Representative or Guardian