

EMPLOYEE WELLNESS, P.A.

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ACKNOWLEDGEMENT OF RECEIPT OF Notice of Privacy Practices & Consent for Contact Form

I have received a copy of the Employee Wellness Notice of Privacy Practices: YES NO

If we attempt to contact you and do not reach you, please indicate if and where we may leave a message:

Home Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

E-mail: _____@_____

Other: _____

Patient portal (*must sign patient portal authorization*)

NEVER leave any medical information for me; simply ask me to call back

It is ok to discuss medical information regarding me with:

My husband/wife/partner: _____
Print Name, Relationship

My power of Attorney: _____
Print Name, Relationship

Other: _____
Print Name, Relationship

Patient Name (print)

Patient Signature

Date