

**Notice of Privacy Practices: HIPPA - the Health Information Patient Privacy Act protects you and your patient information. North Valley Internal Medicine complies with the Act and respects your rights under the privacy rule. If you are aware of your rights under the Act please sign below.**

**Patient/Provider Partnership Agreement: North Valley Internal Medicine is proud to announce that we are a Patient-Centered Medical Home, your home for all of your health care needs. It is our commitment to you to provide you with the most comprehensive, quality, safe, and coordinated care for all of your health needs. Please see the Patient/Provider Partnership Agreement for further details.**

If you agree to the terms of the Patient-Centered Medical home, please, sign below.

**Athena's Medical History Authorization: By signing below you give us your consent to have your past medications transfer into Athena, our EHR (Electronic Health Record) system. Your medication history will be transferred from SureRX, a national database of all medications that were purchased through your insurance provider.**

Patient's Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail (optional) \_\_\_\_\_