

VAUGHT NEUROLOGICAL SERVICES. PLLC

1404 Robert C. Byrd Drive, Suite 100, Crab Orchard, WV 25827

B.K. Vaught, MD, FAAN

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Acknowledgement of Receipt of Notice of Privacy Practices

____ I have received a copy of Vaught Neurological Services. PLLC Notice of Privacy Practices.

Acknowledgement of Appointment No-Show Policy

____ I have read Vaught Neurological Services, PLLC Appointment No-Show Policy, which is as follows:
If I do not keep my new patient appointment (no-show without notice) then this appointment will not be rescheduled. As an established patient, I understand that after the first no-show I will be given the opportunity to reschedule my appointment. However, in the event of two no-shows (not attending a scheduled appointment without giving us proper notice), I will be unable to schedule another appointment at this office and will be required to seek neurological care elsewhere.

Authorization to Release Medical Information to Your Healthcare Providers:

____ The undersigned authorizes Vaught Neurological Services, PLLC to release information from the patient's medical records to any referring physician, to any healthcare facility to which the patient may be transferred. and/or to any healthcare provider involved in the patient's care.

Unless otherwise restricted by applicable law, this authorization to release medical records includes the release of medical record information for all health care services that previously have been or will, in the future, be provided by Vaught Neurological Services, PLLC, and this authorization to release medical records is not restricted to those health care services rendered in connection with this visit and may include information gathered from other health care providers.

Acknowledgement of Provider Resource Scheduling – Nurse Practitioners and Physician Assistants

____ I understand that Vaught Neurological Services, PLLC is team practice that utilizes Advanced Practice Providers (APP's) (nurse practitioners and physician assistants) and I may see one of these providers in addition to or instead of Dr. Vaught. To ensure ready access to neurological care, the scheduling of appointments with other providers at Vaught Neurological Services, PLLC will vary depending on one's diagnosis and appointment/ provider availability.

Request to Inspect and Copy Protected Health Information

____ I understand and agree that requests for medical records from Vaught Neurological Services, PLLC are provided by a medical record management company (Ciox Health). Ciox Health may require a fee provide copies of my medical records.

Forms and Letter Requests

____ I understand that completion of many forms (such as school forms, work-related forms, etc.) and request for letters will likely require a fee for preparation of those documents. A fee schedule for forms and letter is available upon request.

Patient or Designated Surrogate Printed Name:	Patient or Designated Surrogate Signature:
	Date: