

MedNow Urgent Care

**104 N Belair Road
Evans, GA 30809**

**2604 Peach Orchard Road
Augusta, GA 30906**

ACKNOWLEDGMENT OF RECEIVING PRIVACY POLICY AND AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

By signing below, I acknowledge that I have received/reviewed a copy of the Privacy Policy of MedNow Urgent Care, and I authorize MedNow Urgent Care to use and disclose my protected health information for the purposes of treatment, payment, and healthcare operations, as described in the Privacy Policy.

Signature of Patient or Authorized Representative

Date

Print Name

MedNow has transitioned to electronic medical records in order to provide you with greater treatment; We now have the ability to send and retrieve your medications electronically. Please sign below for permission to download your electronic medication history.

I, _____, **give permission to download my e-medication history.**

Signature

Date