



### Hazelwood Announcements for Thursday, May 12, 2022

- ★ TODAY is the PTO Spirit Day "Teacher Look-Alike Day" ...Dress up to match with your teacher or dress up like your teacher.
- ★ Tomorrow is Bullpup Pride day. Don't forget to wear your blue and yellow or Hazelwood gear. We can't hide our Bullpup pride!
- ★ Students, please make sure you check the fliers at the end of the announcements for several summer opportunities!
- ★ Awards Days:
  - 6/1 AM - 5th grade @ 9:30am
  - PM - 6th grade @ 1:00pm
  - 6/2 AM - 8th grade @ 9:30am
  - PM - 7th grade @ 1:00pm
- ★ Join us for Fellowship of Christian Athletes on Thursday mornings before school starts! We will be meeting at 8:40 in Mrs. Woodruff's room (room m282).
- ★ Girls' tennis will play tonight at home VS. Highland Hills at 5:00.
- ★ The last day to check out books is tomorrow, Friday, May 13. All books must be returned by Friday, May 20 to avoid a letter being sent home to parents.
- ★ Campus Life will meet today from 3:45 - 5:15 in the Presentation Room.
- ★ HAZELWOOD PTO's ZESTO Restaurant Day is Thursday, May 26th. 20% of all proceeds come back to our school! Take the flier at the end of the announcements with you to dinner or for some yummy ice cream to help support Hazelwood's PTO!!
- ★ Current 6th & 7th graders entering 7th & 8th grade next school year can try out for cheerleading on Wednesday, May 11th from after school to 5:30, Thursday, May 12th from after school to 5:30 Friday and May 13th from after school to 5:30. You must attend all days of

the tryouts and you must have an IHSA physical on file in the office to tryout/practice/play. It must be dated April 1, 2022 or after and is good for the 2022/2023 school year. 5th & 6th grade Cheer Tryouts will be in the Fall when we return to school. Information will be sent out then. For more information please see the flier at the end of the announcements or grab one from the ledge outside the office.

- ★ Any 5th or 6th Grade students interested in Summer Theater Camp can pick up the flier on the ledge outside of the office.
- ★ LifeSprings Health Clinic is located in the building at NAHS next to the main office. Physicals are FREE but athletes must have the following attached LifeSprings paperwork to receive a physical. The LifeSpring Health Clinic offers free sports physicals any school day from 7 AM - 3:30 PM. Student-athletes have the ability to go before school, at lunch and/or after school. Student-athletes MUST HAVE THE LIFESPRING FORM COMPLETED WITH PARENT SIGNATURE (the form is at the bottom of the announcements, and will also be available in the front office at Hazelwood). The clinic closes for the summer on June 7th at 4PM. LifeSpring will host a two day summer sports physical clinic on June 6th and 7th from 12PM-4PM, however, athletes must have the LifeSprings form and IHSA forms signed by a parent/guardian. Great opportunity for incoming freshmen for fall sports. Reminder: Student-athletes can beat the lines on June 6th and 7th by going any school day before classes start, during their lunch or after school (7AM - 3:30 PM).
- ★ High school is right around the corner! As a middle schooler, college might seem a long way off, but there are still things you can do to prepare for this important time in your life right now. You can enroll as a 21st Century Scholar from the time you enter 7th grade to June 30th of your 8th grade year, and if you keep your grades up and meet a few eligibility requirements, you may be eligible to earn up to a **full tuition scholarship to an Indiana College or University**.
  - The application process doesn't take long, but you will need the following information to complete:
    - Student Social Security Number, DOB, address
    - Parent or guardian's Social Security Number
    - Previous year gross income amounts for all members of the household (Example: if you are applying after December 31, 2020, use 2020 amounts).

## Is my child eligible to be a 21st Century Scholar?

- We encourage all parents to visit the link below to review the eligibility requirements.

<https://learnmoreindiana.org/scholars/enroll/>

### After School Tutoring Available:

- When: Tuesdays & Thursdays
- Time: 3:45-5:15
- Where: Library
- What: Tutoring for Math and English

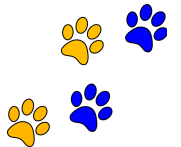
### ★ Update:

- Masks are now optional within the building effective 2/21/2022.

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### Guidance for when your child is sick:

- ☐ If your child has a fever, vomiting or diarrhea, please keep him/her home until he/she is symptom free for 24 hrs. Please call the Attendance Hotline at 812-542-3301 to report your child's absence.



- ☐ If your child was a close contact to someone that tested positive for Covid, has Covid symptoms, or has tested positive for Covid, please call 812-542-2270.

- 
- ☐ Riverside Aquatic Club, is offering summer swim lessons at Highland Hills Middle School!

Session 1: June 6, 7, 8, 9, 13, 14, 15, 16

Session 2: June 20, 21, 22, 23, 27, 28, 29, 30

Session 3: July 11, 12, 13, 14, 18, 19, 20, 21

### Times:

9:30 am – 10:15 am

10:30 am – 11:15 am

11:30 am – 12:15 pm

12:30 pm – 1:15 pm

To register, please visit the Riverside Aquatic Club website at [www.riversideaquaticclub.com](http://www.riversideaquaticclub.com) and click on “Swim Lessons”.

For more information contact Ashley Manger

[amanger@nafcs.org](mailto:amanger@nafcs.org)

(502) 649 - 1672

Or visit our website [www.riversideaquaticclub.com](http://www.riversideaquaticclub.com)



**HAZELWOOD PTO's  
ZESTO Restaurant Day  
is Thursday, May 26**



20% of all proceeds come back to our school! Take  
this flyer with you to dinner or for some yummy ice  
cream to help support Hazelwood's PTO!!



# **Hazelwood Athletics**

## **7<sup>th</sup> & 8<sup>th</sup> grade Cheer Tryout Information**

### **General Information**

- You must have an IHSA physical on file in the office to tryout/practice/play. It must be dated April 1, 2022 or after and is good for 2022/2023 school year.
- You must be academically eligible to make the team. (See student planner/handbook)
- You must attend all days of tryouts and these will be closed to the public.
- You must bring own water bottle.
- Parents must wait in cars for athletes after practice and may not enter the building or facility.

### **Team Tryout/Practice Information**

**This is for current 6<sup>th</sup> & 7<sup>th</sup> graders entering 7<sup>th</sup> & 8<sup>th</sup> grade next school year.**

- 7<sup>th</sup> & 8<sup>th</sup> grade cheer tryouts will be held on the following days:
  - Wednesday, May 11<sup>th</sup> from after school to 5:30
  - Thursday, May 12<sup>th</sup> from after school to 5:30
  - Friday, May 13<sup>th</sup> from after school to 5:30
- You must attend all days of the tryouts.
- If you have any questions please contact:
  - Coach Mecala Wolfe [mecalawolfe@gmail.com](mailto:mecalawolfe@gmail.com)

**5<sup>th</sup> & 6<sup>th</sup> grade Cheer Tryouts will be in the Fall when we return to school. Information will be sent out then.**



New Albany Theatre Arts Proudly Presents...

JUNE 6 TO 10, 2022

**BROADWAY**  
*Bound!*

Summer Theatre Camp

Current 1st to 6th Graders

9:00AM-12:10PM

**NEW ALBANY HIGH SCHOOL**

**AUDITORIUM Door #2**

**\$80 for the week**

Acting • Dance • Singing • Audition Technique • Stage Combat and More!

Join New Albany's Theatre Director, Amy Miller, students and professional staff for this exciting week of imagination, creativity, and performance!

Current 1st through 6th graders will experience a daily rotation of music, dance, acting, theatre games, tech, and more with a final performance on Friday, June 10 at 11:45AM.

*ALL STUDENTS will get to work on materials from our upcoming fall production that will feature an ensemble of kids! Show soon to be announced in APRIL!*

Whether you have experience or just want to try it out, this week will be fun for all!

REGISTER BY EMAILING [AMILLER3@NAFCS.ORG](mailto:AMILLER3@NAFCS.ORG) OR DOWNLOAD THE FORM AT [NEWALBANYTHEATREARTS.ORG](http://NEWALBANYTHEATREARTS.ORG)



*Join the Hammerheads Swim Team!*

Ages 4-18

**\$95** Single swimmer

**\$85** 2<sup>nd</sup> Swimmer

**\$240** Family Maximum

Register online **before May 9, 2022** to  
avoid late fees

[www.hc-hammerheads.swimtopia.com](http://www.hc-hammerheads.swimtopia.com)

For any questions email Heather Stilwell

[hdstilwell@gmail.com](mailto:hdstilwell@gmail.com)



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**Kids Ages  
7-12**

# Nature's playground

**Science & Nature Camp**

**Fun & creative Outdoor Activities**

June 6 – 10, 1:00 – 4:00, \$150, ages 7-12

June 13 – 17, options 9:00 – 12:00 or 1:00 – 4:00, at \$150 or 9:00 – 4:00 ages 7-12 at \$300

**Whole &  
Half-Day  
Sessions.**

**Limited Spaces Available  
Sign Up Today!**



**Hiking**



**Outdoor  
Activities**



**Science**

Come join us and experience these and other amazing things about nature while celebrating our different abilities, playing, building and exploring together at Nature's Playground this Summer!

- Nature hikes around the 400 wooded acres
- Chance to build your own small hot air balloon, parachute or helicopter to experiment with air
- Learn about vultures who scavenge for food

[www.mountsaintfrancis.org/natures-playground](http://www.mountsaintfrancis.org/natures-playground)

**101 St. Anthony Blvd. - Mt. St. Francis, Indiana 47146**

**Questions?  
Contact Us  
812-923-8817**



## **Prosser Fire Rescue Summer Camp 2021**

**June 7-11      0900-1300**

**4202 Charlestown Rd. New Albany**

**Open To Prosser Sending Schools 7-9th Grades**

**Come spend a week experiencing the career of a firefighter!**

**Campers Will Learn About:**

***How To Use A Fire Extinguisher***

***How To Survive A Home Emergency***

***First Aid & CPR Certification***

***The Science Of Fire***

***Are You Fit Enough To Be A Firefighter?***

**Campers Will Have The Opportunity To Meet Area  
Firefighters And Use The Tools They Use To Save Lives.**

**We will get wet and dirty so bring a towel and change of clothes daily!  
A water bottle and sunscreen is recommended. Snacks will be provided.**

**Sign up at:**

**<https://forms.gle/bKtJNo6tHDpS7Zbi9>**

**Spots Are Limited!**

**Questions? [mkidd@nafcs.org](mailto:mkidd@nafcs.org)**



# Automotive Summer Camp

June 6th-9th  
8:00 am. to  
1:00 pm

Limited spots: first come, first served

**FOR ANY STUDENT IN 7TH & 8TH GRADES**

**Location: Prosser Transportation Center**

Presented by Prosser Automotive  
Technologies & Collision Repair  
& their business partners

- Learn about basic car maintenance
- Build a model engine to take home
- Learn wash & wax techniques
- Learn about safety checks
- Explore career opportunities
- Hands-on learning with guest speakers

\*Lunch provided!

**Hosted by  
Mr. Dethy & Mr. Walker**



Link to register:

<https://forms.gle/cCxcQHWe6TcjKpz48>

\*Deadline to register is May 31st

\*Free camp (no cost to families!)

\*In registering your child for this camp, permission is automatically granted for a photo, press, audio, and electronic media release for minors. For additional information or questions, please call Prosser Career Education Center at 812-542-8508

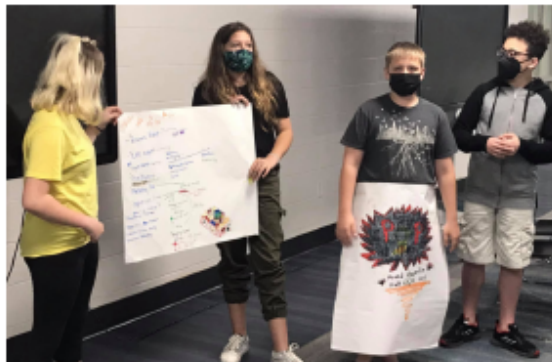


# Career Awareness and Exploration Camp



## 6th-8th Graders

Prosser Career Education Center  
Business & Marketing Program



**Link to Register:**

<https://docs.google.com/forms/d/1fqx5ENc2LqvOpRvQnwuvyyZLhM6fIhD55Fr-kxnjbU/edit>



## JUNE 13-16

8:30 AM - 1:30 PM

Open to Prosser Sending  
Schools/Region 45

## ACTIVITIES

- Daily Guest Speakers
- Relationship Building
- Communication Skills
- Problem Solving
- Creativity
- Design Thinking
- Learning from Mistakes
- Personal Branding
- Entrepreneurship
- Creating a New Product
- Pitching a New Product

**Snacks & Lunch  
provided!!!!**

# **Prosser Criminal Justice Summer Camp 2022**

**June 6-9, 2022 8:30am to 1:30pm**

**4202 Charlestown Road New Albany**

**Open to Prosser sending schools 7th-9th grade**

**Instructors: Mac Spainhour and Don York**

**Learn what it takes to  
pursue a career  
in Law Enforcement:**

- Job Requirements**
- Physical Requirements**
- Specialized Units**
- Arrest Techniques**
- Defensive Tactics**
- Different Agencies**



**Campers Will Learn How To:**

- Take and lift fingerprints**
- Take cast impressions**
- Make arrests**
- Interview**
- Pass the fitness standards**

**Sign up at:**

**<https://forms.gle/YMdV2EHaPrboy8HF6>**

**Ask Questions at [dyork@nafcs.org](mailto:dyork@nafcs.org)**

**LIMITED SPOTS, APPLY A.S.A.P**



Ivy Tech's Kids College Summer Enrichment Program is **back, in-person!**  
[Registration is now open!](#)

Classes will be held in Ogle Hall on the main Ivy Tech campus in Sellersburg on **June 15<sup>th</sup> and 16<sup>th</sup>**. The program is geared toward all children in grades K-5. Your child will be engaged in high-interest, educationally appropriate activities promoting critical thinking, collaboration with classmates and most of all, FUN in each course they choose!

Be sure to check out our new course offerings! Classes fill quickly so don't delay.

Please call (812-248-4925) or email ([Sellersburg-kidscollege@ivytech.edu](mailto:Sellersburg-kidscollege@ivytech.edu)) if you have any questions. If you are able to participate, please remember that your child will need a **sack lunch** for these two days.

We look forward to seeing you soon!

Ivy Tech Community College, Sellersburg

**THE LIFESPING FOUNDATION OF INDIANA  
PRESENTS**



**Boots**



**& Bling**



**Live Music, Line Dancing, Wine &  
Bourbon Pull, Dream Vacation Raffle,  
Bling Bling Raffle & More!**

**MAY 19, 2022**

**HUBER'S BARN #1**

**6:00PM-9:00PM**

**Purchase tickets & sponsorships at**

**[www.lifespringgala.org](http://www.lifespringgala.org)**





DOING THE  
MOST GOOD™

**FOR IMMEDIATE RELEASE**

### **Salvation Army Announces Pathway of Hope**

Southern Indiana (April 29, 2022) – The Salvation Army of Southern Indiana announces the re-opening of the Pathway of Hope family support program. Pathway of Hope provides individualized, long-term case management services to families in Clark, Crawford, Floyd, Harrison, Scott, and Washington counties that are seeking improved financial stability and assistance accessing resources to support continued growth.

To qualify, families must

- live in Clark, Crawford, Floyd, Harrison, Scott, or Washington county
- have at least one child under the age of 18 living in the home
- be motivated and ready to commit to long-term change that leads to improved stability

The launching of this program is funded in part by Metro United Way. The long-term goal is to help families work toward home ownership.

For more information, contact Case Worker Leighanne at The Salvation Army at 812-944-1018.

# # #

#### **About The Salvation Army**

The Salvation Army, an evangelical part of the universal Christian church established in London in 1865, has been supporting those in need in His name without discrimination for 130 years in the United States. Nearly 30 million Americans receive assistance from The Salvation Army each year through the broadest array of social services that range from providing food for the hungry, relief for disaster victims, assistance for the disabled, outreach to the elderly and ill, clothing and shelter to the homeless and opportunities for underprivileged children. 82 cents of every dollar The Salvation Army spends is used to support those services in 5,000 communities nationwide. For more information, go to [www.salvationarmyusa.org](http://www.salvationarmyusa.org).





## 2022 Girls Summer Basketball Camp

Incoming K - 4th  
9:00AM - 10:30AM

June 20th-23rd

Incoming 5th - 8th  
11:30AM - 1:30PM

### Participant Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

Shirt Size (circle one):    YM    YL    AS    AM    AL    AXL    AXXL

### Parent/Guardian Information

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Text Message: YES    NO

### Payment Information - \$35 per child

Cash \_\_\_\_\_ Check (check #) \_\_\_\_\_ Amount: \_\_\_\_\_

**Please make checks payable to: New Albany High School Athletics  
Memo: GBB Summer Camp**

### **Please read the following statement and sign below:**

*My daughter has permission to participate in the New Albany Girls Basketball Summer Camp. I have no knowledge of any physical impairment that would affect, or be affected by, my daughter's participation in this event. I specifically waive and release NAHS Lady Bulldog staff, players, school, corporation, or any other site from any liability for injuries sustained as a result of this camp.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### **Middle Schooler Runners**

Participate with New Albany Cross Country and  
prepare for your upcoming season

6th, 7th, 8th graders June 14, 15, 16, 21, 22, 23, 28, 29, 30

5th-8th graders July 12, 13, 14, 20, 21, 26, 27

Middle School runners will work with the high school team and coaches doing  
age appropriate runs as they develop their abilities.

7:00am-8:15am at the New Albany HS track.

Cost: Free

Contact: Coach Nick Ellis [nellis@nafcs.org](mailto:nellis@nafcs.org) or Coach Kyle Weigleb

[kweigleb@nafcs.org](mailto:kweigleb@nafcs.org) with questions



June 6-7 Noon - 4PM

7th Closes

Daily 7am - 330PM

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

### NEW PATIENT INFORMATION

|   |             |  |   |
|---|-------------|--|---|
| PATIENT NAME (LAST - FIRST - MIDDLE INITIAL)  |             | ADDRESS  |   |
| CITY, STATE   | ZIP         | HOME PHONE   | CELL PHONE  |
| PATIENT DATE OF BIRTH   | PATIENT SSN | SEX<br><input type="checkbox"/> Male <input type="checkbox"/> Female   | MARITAL STATUS<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____ |
| GENDER IDENTITY<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Queer <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Answer  |             |  |   |
| SEXUAL ORIENTATION<br><input type="checkbox"/> Straight or Heterosexual <input type="checkbox"/> Lesbian, gay or homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Choose not to answer |             |  |   |
| PATIENT EMPLOYER NAME   |             | PATIENT EMPLOYER ADDRESS (STREET ADDRESS - CITY - STATE - ZIP)   |   |
|   |             | EMPLOYER PHONE   |   |
| NEAREST RESPONSIBLE PARTY INFORMATION   |             | RELATION TO PATIENT: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Guardian |   |
| NAME (FIRST - LAST - MIDDLE INITIAL)  |             | ADDRESS (if different from patient)  |   |
| HOME PHONE  | WORK PHONE  | SSN  | BIRTH DATE  |
|   |             | EMPLOYER   |   |
| INSURANCE INFORMATION   |             |  |   |
| PRIMARY INSURANCE NAME  |             | ADDRESS (STREET - CITY - STATE - ZIP)  |   |
|   |             | PHONE  |   |
| GROUP NUMBER  | ID NUMBER   | EMPLOYER   | EMPLOYER PHONE  |
| SECONDARY INSURANCE NAME  |             | ADDRESS (STREET - CITY - STATE - ZIP)  |   |
|   |             | PHONE  |   |
| GROUP NUMBER  | ID NUMBER   | EMPLOYER   | EMPLOYER PHONE  |
| IN CASE OF EMERGENCY CONTACT  |             | RELATIONSHIP   | PHONE NUMBER  |

**ASSIGNMENT AND RELEASE:** I hereby authorize my insurance benefits be paid directly to the physician and I am financially responsible for non-covered services. I also authorize the physician to release any information required in the processing of this claim and all future claims. If my account is sent to a collection agency, I agree to pay all collection and attorney fees.

SIGNATURE (Patient or, if minor Signature of parent or guardian)

DATE

### Authorization to Release Health Information to:

|  |     |   |               |
|--|-----|---|---------------|
| Name(s)  |     | ADDRESS   |               |
| CITY, STATE  | ZIP | HOME PHONE  | DAYTIME PHONE |
| DATES OF SERVICE<br>FROM: TO:  |     | AUTHORIZATION EXPIRES (UNLESS OTHERWISE NOTED THIS AUTHORIZATION WILL REMAIN IN EFFECT ONE YEAR FROM THE DATE SIGNED) |               |
| Release the following information:   |     | <input type="checkbox"/> NEVER DATE:  |               |
| <input type="checkbox"/> All Records <input type="checkbox"/> Chart Notes <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Operative Reports <input type="checkbox"/> History & Physicals |     |   |               |

### RELEASE INFORMATION

|   |  |                                  |
|---|--|----------------------------------|
| I understand that:  |  |                                  |
| <ul style="list-style-type: none"><li>Once "this facility" discloses my health information by my request, it cannot guarantee that Recipient will not re-disclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state laws governing the use and disclosure of my health information.</li><li>I may make a request in writing at any time to inspect and/or obtain a copy of my health information maintained at this facility as provided in the Federal Privacy Rule 45 CFR (164.524).</li><li>my records are protected and cannot be disclosed without written permission</li><li>This Authorization will remain in effect for one year or I provide a written notice of revocation to the Medical Record Department.</li></ul> |  |                                  |
| SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE  |  | DATE                             |
| IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT  |  | SIGNATURE OF WITNESS (Optional): |



## CONSENT TO TREAT AND FINANCIAL ASSIGNMENT AND RESPONSIBILITY

### Permission to Treat:

Permission is hereby granted to render such medical examinations, treatments, and procedures as are considered advisable by treating staff for my health and well-being.

I understand that I have the right to consent or refuse any proposed procedure or treatment and that I will not be involved in any research or experimental procedure without my knowledge and written consent.

### Authorization to Release and Obtain Information:

I authorize LifeSpring Health Systems to release and/or obtain information from my medical record, or permit inspection of such medical information, including but not limited to psychological and/or psychiatric, drug and/or alcohol related conditions, communicable disease diagnoses, and/or testing including the results for Human Immunodeficiency Virus Infection (HIV), Hepatitis, or other blood borne infectious disease for the purpose of treatment, payment, or other healthcare operations as more fully described in the Notice of Privacy Practices.

I understand that certain information may be released to health officials responsible for the control of infectious diseases in accordance with the requirements of federal, state, and local laws and regulations.

### Financial Responsibility:

I hereby authorize payment of my insurance benefits otherwise payable to me, directly to physicians, but not to exceed the balance due of the regular charges for the state of service. I understand that I am financially responsible to LifeSpring Health Systems for charges not covered by this authorization including deductibles and/or coinsurance amounts.

### Guarantee of Account:

The undersigned hereby agrees to pay the provider for services rendered during physician visits. I understand patient monies received by LifeSpring Health Systems will be applied to any of my accounts with an outstanding balance.

both the contractor in the government, and to the Peer Review Organization responsible for reviewing the medical care furnished me by LifeSpring Health Systems only such information needed for this or related claim. I further authorize the Social Security Administration to release to LifeSpring Health Systems any information which they maintain in regards to the extent of my coverage Title XVIII and Title XIX of the Social Security Act.

- ☐ I do not have Medicare  
☐ I do not have Medicare Part A  
☐ I do not have Medicare Part B

### Phone Consent:

Your signature below will authorize LifeSpring Health Systems to send Appointment Reminders electronically via text message to your mobile phone. If you do not have a mobile phone, we can electronically remind you of your appointments on a landline via phone call/voicemail.

### Notice of Privacy Practices:

I have knowledge that I have been offered a copy of the Notice of Privacy Practices, effective January 1, 2015.

\_\_\_\_\_  
Patient Name

I acknowledge I have received information that describes my patient rights and responsibilities as well as my rights under state law to make decisions concerning my medical care.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guarantor, Legal Guardian or Closest Relative

Patient is: ☐ A minor \_\_\_\_\_ years of age or ☐ unable to sign

### Medicare and Medicaid Patients:

I certify that the information given by me in applying for payment is correct. I authorize the release of medical and related information about my treatment to the Social Security Administration, including its intermediaries or carriers, to