

# **WOODBIDGE INTERNAL MEDICINE, PC**

## **Written Acknowledgment Form**

### **Notice of Privacy Practices**

I, \_\_\_\_\_ have received a copy of Woodbridge Internal Medicine, PC Notice of Privacy Practices. If you would like your copy of Notice of privacy act and have not received please let front desk know.

### **Prescription History Consent**

As of May 13,2009 Virginia Prescription Monitoring Program, will no longer require patient consent for prescription history verification, if you are a patient in need of pain management we will need a written agreement stating that you will not receive any scheduled III through scheduled IV Prescription medication from any other Doctor.

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_