

WOODBRIIDGE 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 it, please let the 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_____