

**BLUE MOUNTAIN CLINIC**  
610 N. California St. Missoula, MT 59802  
**ACKNOWLEDGEMENT AND AUTHORIZATION**

Privacy Policy: Blue Mountain Clinic cannot release your personal health information without your express, written consent.

Cancellation/No Show Policy: Blue Mountain Clinic requests 24 hours' notice for cancelling or rescheduling an appointment. After the second no show, you may be responsible for a \$25 no show fee. After the third no show, we may discharge you from our practice and recommend seeking care elsewhere.

Please initial next to each item, then print and sign on the indicated lines.

- \_\_\_ I have read and understand the HIPAA/Privacy Policy for BLUE MOUNTAIN CLINIC INC.
- \_\_\_ I have read and understand the Financial Policy for BLUE MOUNTAIN CLINIC INC.
- \_\_\_ I hereby assign my insurance benefits to be paid directly to the healthcare provider.
- \_\_\_ I authorize BLUE MOUNTAIN CLINIC INC to release medical information required to process my claim.
- \_\_\_ I authorize BLUE MOUNTAIN CLINIC INC to obtain/have access to my medication history.
- \_\_\_ I authorize my provider's office to contact me by mobile phone.

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Patient's Name

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Parent or Guardian's Name (if applicable)

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Signed

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Date