CHCFC
Community Health Center of Franklin County

PATIENT VERIFICATION OF RECEIPT

My signature below is to verify that I was given a copy of each document listed below. I understand that I may request a new copy of these documents at any time.

- Medication Refill Policy
- Chronic Pain Philosphy
- No Show Policy
- Red Flags Rule (Identity Theft) Notice
- CHCFC Patient Payment Policy
- Notice of Privacy Practices (HIPAA Notice)
- Patient Rights Notice

I may request that these documents be mailed to me in the alternative format:

- Large Print

_____

Print Patient Name

_____

Patient/ Guardian Signature Date

Greenfield Medical & Dental
102 Main Street
Greenfield, MA 01301

Tel: (413) 325 - 8500

Urgent Dental Care
164 High Street
Greenfield, MA 01301

Tel: (413) 325 - 8700

Orange Medical & Dental
450 W River Street
Orange, MA 01364

Tel: (978) 544 - 7800