

Olentangy Private Internal Medicine

3650 Olentangy River Road, Suite 302, Columbus, OH 43214

Phone: 614-884-0190

Fax: 614-884-0192

Receipt of Patient Information

I have received a copy of Olentangy Private Internal Medicine's **Patient Rights and Responsibilities** and will read at my leisure. I will contact the office with any questions regarding this policy after I have reviewed.

I have received a copy of Olentangy Private Internal Medicine's **Privacy Practice Statement** and will read at my leisure. I will contact the office with any questions regarding this policy after I have reviewed.



Check only One Below

I have a **Living Will/Advanced Directives** and/or a **Durable Power of Attorney** and will supply Omega Executive Healthcare with a copy of it.

I do not have a **Living Will/Advanced Directives** and/or a **Durable Power of Attorney** but would like information about them.

I do not have a **Living Will/Advanced Directives** and/or **Durable Power of Attorney** and am not interested in information at this time.

Comments: _____

Signed: _____

Printed Name: _____

Date: _____