



**JONESBORO CHURCH
HEALTH CENTER**

Form Update: March 2026

500 Kitchen
Jonesboro AR 72401
870-972-4777

www.jonesborochurchhealth.org

PATIENT HIPPA DOCUMENT

Patient Name: _____

Chart #: _____

I acknowledge Jonesboro Church Health Center's Notice of Privacy Practices and can obtain a copy of this notice if so desired.

Patient Signature: _____ Date: _____

Patient Representative Name: _____

Patient Rep Signature: _____ Date: _____

Permission to Disclose

Please PRINT below any family, friends, etc., that you would like for us to give information about your medical history. These names will be added as contacts in your chart and in our computer system and should anyone call requesting information, the list will be referenced before information is released. Information will not be disclosed to anyone not on the list below.

_____	_____
_____	_____
_____	_____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____