

Photo Identification Policy

It is the policy of Nurture Health to maintain the security and identity of all patients. Nurture Health maintains patient demographic on its computer system and endeavors to assure that the patients using this data to obtain medical services are who they present themselves to be.

PROCEDURES

1. When patients call for an appointment, they are asked to bring photo identification (ID) with them for identity verification.
2. The photo ID can be a driver's license, passport, or other authentic photo identification card.
3. If a patient does not have access to a photo ID, the patient is asked to bring a current utility bill that shows the patient's current address.
4. When the patient arrives, the patient's photo ID is scanned into Nurture Health's computer system in the patient's account record.
5. For patients with no photo ID, Nurture Health takes the patient's photograph for identification purposes only.
6. A consent to photograph form is provided to the patient (Consent for Photo Identification) to assure the patient that the photo is only used for identification purposes and will not be used for publication. The signed consent form is scanned into Nurture Health's electronic medical record system for future reference.

Photo Identification Consent

I consent for a photograph to be made of me or my child (or person for whom I am a legal guardian). I understand that the information will only be used for identification purposes and will be stored securely on the medical record. Refusal to photograph will not affect my medical care. If I prefer not to be photographed, I will be asked to provide photo identification at each visit.

If I have any questions or wish to withdraw my consent in the future, I may contact: 402-999-4900 or info@nurturehealthclinic.com.

_____ I agree for a photograph to be made of me for identification purposes.

_____ I agree to use of my or my child's picture for identification purposes.

_____ I prefer not to have a photo made of me, my child or dependent.

Signature: _____ Date: _____

Teens (ages 13-18) should give consent to be photographed as well as parent's consent above.

Name of Patient or Minor: _____

Signature of Minor: _____ Date: _____

Witness: _____ Date: _____