



Tule River Indian Health Center, Inc.

380 N. Reservation Rd, Porterville, CA 93257

Phone: (559) 784-2316, Fax: (559) 781-6514

ACKNOWLEDGEMENT OF RECEIPT

Advanced Directive

Initial after each statement

1. I have been offered written materials about my right to accept or refuse medical treatment. Initial: ___
2. I understand that I am not required to have an **ADVANCED DIRECTIVE** in order to receive medical treatment(s) at the Tule River Indian Health Center, Inc. Initial: _____

Please check one of the following:

_____ I have executed an **ADVANCED DIRECTIVE** for health care.

_____ I have **NOT** executed an **ADVANCED DIRECTIVE** for health care.

By signing below, I agree that my initials on this form, as well as the indicator "x", are legally binding and of my own accord. I will not, at any time in the future, repudiate the meaning of my initials or indicator "x", or, claim that my initials or indicator "x" are not of my own accord, or that they are not legally binding.

Printed Patient Name

Patient or Guardian Signature Date

Notice of Privacy Practices

The Notice of Privacy Practices is a complete description of my rights as a patient of the Tule River Indian Health Center, Inc. (TRIHCI). By signing below, I am stating I have received and/or have been offered information on the Tule River Indian Health Center, Inc. ***Notice of Privacy Practices.***

Printed Patient Name

Patient or Guardian Signature Date

Approved: 02/07/2024 (MSC:6-0-0)