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Tenant details form template



Mediatura **Drug Product Complaint Form** DPC No. _____

Adverse Event:
 Quality:
 Efficacy:

Date of complaint: _____

Section A: Customer Support Associate Introduction:
 *We take product concerns and reports very seriously. In order for us to assist we will need to ask you several questions to understand the nature of your concern. This process can take a few minutes to complete. Would you like to proceed with this process now? Customer answer: Yes: No:

Customer Name _____
 Customer Phone No. _____ Customer email _____
 Person completing form _____

Section B: Description of Complaint
 Description in customer's own words (encourage the customer to be specific):

Section C: Product Information via Customer (for ALL complaints)

Product Name (include package size)	Dosage Form
Product Lot No.	Exp. Date

Section D: Efficacy / Adverse Event Questions

Diagnosis for use? (Why using?) _____
 Dose Used? (How much, how many?) _____
 Frequency Used? (How often?) _____

**If Efficacy only then STOP here. If Adverse Event then Proceed to section E.*

Section E: Adverse Event Questions (For Adverse Events):

Was medical attention sought? Yes: No:

Name and Contact of doctor: Name: _____
 Phone: _____ Email: _____

How soon after taking did the event begin?
 _____ Minutes _____ Hours _____ Days _____ Weeks

How long did it last?
 _____ Minutes _____ Hours _____ Days _____ Weeks

Was use of the product discontinued? Yes: No: Did the event disappear? Yes: No:

Are any other drugs being used? Yes: Please list: _____ No:

Because this is an adverse event, we are required to ask you the following questions, per FDA regulations

Did the event cause death?	Yes	No
Was the event life threatening?	Yes	No
Did the event require an emergency room visit?	Yes	No
Did the event require hospitalization?	Yes	No
Did the event result in disability?	Yes	No
Did the event result in a congenital anomaly or birth defect?	Yes	No
Did the event require intervention to prevent permanent impairment or damage?	Yes	No
Did the event cause other serious issues (Important Medical Events)?	Yes	No

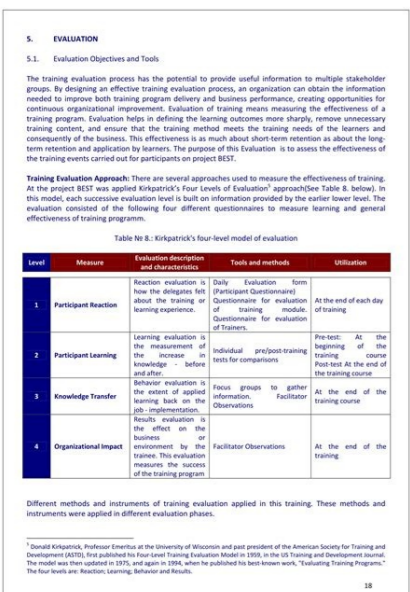
Outcome of the adverse event? Recovered: Recovering: Not recovered:

QA Use ONLY:

Batch record review Yes No Reserve Sample checked Yes No Notify FDA Required Yes No
 Previous Complaints Yes No Additional Testing required Yes No Added to Trending Program Yes No

QA Summary: _____

QA Signature / Date: _____



School Counseling Informed Consent Form

Introduction of services

ISW (International School of Wuxi) is committed to providing quality education to its students. In an effort to achieve this goal, school staff or parents/guardians may refer students for counseling, or students may request counseling. The aim of the school counseling services is to help students have more effective education and socialization within the school community. Possible counseling topics are coping with changes, transition, self-esteem, friendship and relationship issues, study skills, stress management, fears or worries, academic progress, conflict resolution, social skills, adjustment to school or culture, etc. These services are available at no cost. However, these services are not intended as a substitute for medication, psychological counseling or diagnosis, which are not the responsibility of the school.

Confidentiality

Because counseling is based on a trusting relationship between counselor and counselee, the school counselors will keep information confidential with some possible exceptions. We understand that the school counselors may share information with parents/guardians, the child's teacher, and/or administrators who work with the child on a need to know basis, so that we may better help the child as a team.

Under the following circumstances, the school counselors are required by law to share information with others.

1. Presenting information about hurting himself/herself or another person.
2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect
3. Threats to school security
4. If counseling records are court ordered

Contact

If you have further questions about the information on this form, the counseling relationship, the counseling techniques used by the counselors, and the length of counseling, please contact the school counselors at (86-0510) 8101 9012.

Mr. Chris Nolin
Miss Lianne Ong
Mrs. Amy Kim

PRIVACY CONSENT FORM

(This consent is required by the Health Insurance Portability and Accountability Act of 1996 to inform you of your rights for privacy with respect to your health care information.)

I hereby give my consent to OHIO PSYCHIATRY SPECIALISTS, LLC/ALF BERGMAN M.D. to use and disclose my protected health information for the purpose of treatment, payment and operations of my health care and this practice.

Consent for treatment: I, with my signature, authorize OHIO PSYCHIATRY SPECIALISTS, LLC/ALF BERGMAN M.D., and any employee working under the direction of the physician, to provide medical care for me, or to this patient for which I am legal guardian. This medical care may include services and supplies related to my health (or the identified person) and may include (but limited to) preventive, diagnostic, therapeutic, rehabilitative, maintenance, palliative care, counseling, assessment or review of physical or mental status/function of the body and the sale or dispensing of drugs, devices, equipment or other items required and in accordance with a prescription. This consent includes contact and discussion with other health care professionals for care and treatment.

Consent for release of information for payment and operations: I also authorize this practice to furnish information to the identified insurance carrier(s) for any and all payment activities. I acknowledge that my provider may use an electronic medical record and transmit information electronically. I further consent to the use for any practice operational needs as identified in the practice privacy notice.

Consent related to the Privacy Notice: I have had a chance to review the Practice Privacy Notice as part of the registration process. I understand that the terms of the Privacy Notice may change and I may obtain these revised notices by contacting the practice by phone or in writing. I understand I have the right to request how my Protected Health Information (PHI) has been disclosed. I also have the right to restrict how this information is disclosed, but the practice is not required to agree to my restrictions. If it does agree to my restrictions on PHI use, it is bound by that agreement.

I understand that Ohio Psychiatry Specialists, LLC/Alf Bergman M.D. may refuse me services if I refuse to sign this consent. I may revoke this consent at any time, but the practice may refuse further services. Revoking the consent must be done in writing. If I revoke this consent, the revocation does not take effect until the practice receives the written revocation.

Consent for assignment of benefits: I consent to assign all payments for these services to Ohio Psychiatry Specialists, LLC/Alf Bergman M.D. I understand that I am responsible for all co-payments, amounts applied to deductibles and other amounts that may be deemed my responsibility by the payment sources, as required by my contracts with my insurance plan and state regulation. I further understand that my contract with my insurance entity may or may not cover some services. It is my responsibility to obtain information from my health plan about service coverage. If I seek care outside of the contract, I am aware that I may be responsible for all charges that are incurred.

Patient/Guardian signature	Name printed	Date
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What is tenant verification form. How to give notice to a tenant. What is tenant information form.

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In most cases, however, landlords do not have a lien on the rented property. If you want to keep track of who's paying rent or isn't, you might as well track every tenant's payment details on an Excel Form Template and send late-rem or eviction notices. Subcontractor Final Lien Release Form 07/04/2022 · In this case, the tenant (Ella Baker) informs her landlord (Justine King) of her intention to vacate the property at the end of the rental period so the lease doesn't automatically renew. Use our step-by-step document builder to easily and quickly create a customized notice to vacate letter that you can send to your landlord. 30/04/2018 · A guide, in multiple languages, to help landlords and tenants understand and complete the Standard Form of Lease (standard lease). It also contains information on rental rules, and rights and responsibilities of landlords and tenants under the Residential Tenancies Act. ... If the landlord and tenant wish to agree to additional details, these ... 09/02/2021 · Having your own template on file is a good idea so that you can act quickly when you need to. The 30-Day Notice To Tenant Form. Now that you have a basic understanding of the 30-day notice to tenant form, it's important to become familiar with the specific information required and why it is important to include in this lease termination letter. Jotform offers you free Event Facility Rental Agreement template. This template is a brief visual summary of the event facility rental agreement's details. The contact details, the event details such as event date, start and end time, setup-wrap time, the number of guests expected, and the payment details of the service can be found. 10. Corporate Tenant Move Out Letter Template 21/01/2019 · This sample house rental agreement template specifies the following includes information that the prospective tenant provided. When considering how to fill out an apartment rental application, remember the tenant details section contains all the required information for a landlord to consider the applicant for rental of the apartment unit. This lease termination letter template is quite impressive as it contains minute to minute details of the tenant as well as that of landlord. Date of termination, reason for notice to vacant and other vital information which a tenant should pay attention are described clearly mentioned in this template. 10. Corporate Tenant Move Out Letter Template 21/01/2019 · This sample house rental agreement template specifies the following details: Contact details of both parties; property, rent, and payment details; terms and conditions; rights and responsibilities of both parties. ... With Jotform, you have an option to add e-signature widgets to your form and have your tenant fill out the rest of it. An ideal ... 15/02/2022 · A rent receipt template is a form that allows a tenant to mark their monthly rent as paid. Most commonly for the use of cash payment by the tenant to their landlord. ... After sign-up, include your property details and get verified to accept credit cards and bank deposits by submitting your personal or business entity information. Best Websites ... If the tenant does not purchase the property, the Landlord can keep the option fee. Our website will help you create a Residential Lease. We offer free on-line samples and a Lease Agreement template to make the process that much faster. Simply fill ...

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