



# Rogue Valley Physicians, P.C.

I hereby acknowledge that I have been given copies of Rogue Valley Physicians, P.C.'s  
**Notice of Privacy Practices *and* Financial Policy**

_____ Signature
_____ Patient's Name ( <b>PRINTED</b> )
_____ Signer's Name ( <i>if different than patient</i> )
_____ Patient's Date of Birth
_____ Date Signed

**Family Practice Group**  
229 W. Stewart Avenue  
Medford, OR 97504  
(541) 779-5531

**Groskopp & Ryland**  
800 E. Main Street  
Medford, OR 97504  
(541) 608-7683

**Southern Oregon Internal Medicine**  
2900 Doctors Park Drive  
Medford, OR 97504  
(541) 282-2200

**Valley Family Practice**  
3524 Heathrow Way  
Medford, OR 97504  
(541) 646-3505

**Rogue Valley Physicians  
Lab and Imaging Center**  
2900 Doctors Park Drive  
Medford, OR 97504  
(541) 842-9620

**The Osteoporosis Center**  
2900 Doctors Park Drive  
Medford, OR 97504  
(541) 282-2213