



PATIENT'S NAME: _____ **DATE:** _____

I have received this office's Notice of Privacy Policies, which explains how my health information will be used and disclosed. I have been given an opportunity to ask questions if I do not understand this notice, and to request a personal copy if needed.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

Please list the name(s) of any family members of friends we may discuss your medical information with:

_____	_____
_____	_____
_____	_____
_____	_____