



PRIVACY AUTHORIZATION AND VERIFICATION

Please answer the following questions to help us protect your privacy:

Is it okay to leave a detailed message on your answering machine? YES NO

Is it okay to release information to anyone other than you? YES NO

If answer is YES, please list each person (REMINDER: WE WILL NOT RELEASE INFORMATION TO ANYONE NOT LISTED):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

This is to verify that I have read and understand the above information. By signing this statement, I am giving The Practice and its staff consent to release my personal information as described above.

Signature _____ Date _____

Print Name _____

I ALSO ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE PRACTICE PRIVACY POLICY BROCHURE AND HAVE BEEN GIVEN AN OPPORTUNITY TO READ IT AND ASK QUESTIONS.

Signature _____ Date _____