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PATIENT CONFIDENTIALITY

Patient confidentiality is a right we respect very much. Therefore, in accordance with HIPAA Laws, unless we have your permission, we CANNOT give patient information to family members or friends. If you wish a physician speak with a family member or friend regarding your medical condition, please indicate the name of ONE person below. We ask that you appoint ONE spokesperson to reduce confusion and misinformation.

Thank you for your cooperation in this matter.

Designated Spokesperson (*Please Print*)

Relationship

Patient Name (*Please Print*)

X

Patient Signature

Date

I have read my rights and understand my rights
and responsibilities as a patient.

X

Patient Signature

Date