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RE: Patient Privacy

We are required by law to protect the privacy of your medical information. This means that we are not allowed to discuss any of your medical information with anyone other than yourself. This statement refers to personal *and* professional sources. If there is anyone that you would like us to share this private information, please fill in the following form.

Personal Contacts:

1.

Name Relationship Date

2.

Name Relationship Date

Professional Contacts:

1.

Name Specialty Date

2.

Name Specialty Date

Signature

Declined

Please complete signature area if declining also