

Privacy Agreement

Due to the Health Insurance Portability and Accountability Act (HIPPA) of 1996, our office has to comply with the rules and regulations in order to protect our patient records. We need your permission to give out any information on your account.

Please, fill out only the persons we are able to talk to about your account. Anyone not on this form we will not give out information to.

First	M.I.	Last	DOB	Relationship
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X _____
Signature Date