



### Patient Privacy

I understand that my personal health information may be shared with other healthcare providers for example physicians, physician assistants, hospitals, and surgery centers as is necessary for patient care.

\_\_\_\_\_  
Patients Name (please print)

\_\_\_\_\_  
Patients Date of Birth

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

My personal health information, either verbally or written, may also be released to the following (patients may consider listing family members, caregivers, friends, or other individuals):

\_\_\_\_\_  
Patients Name (please print)

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Relationship  
.....

\_\_\_\_\_  
Patients Name (please print)

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Relationship  
.....

\_\_\_\_\_  
Patients Name (please print)

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Relationship