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HIPAA ACKNOWLEDGMENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you.

By signing this form, you acknowledge that you have been offered a copy of Infectious Disease Specialists, PC Notice of Privacy Practices dated 9/1/2013.

I authorize Infectious Disease Specialists, PC to release my medical information to the following persons (family or friend) whom I trust:

1.) _____

2.) _____

Print Patient Name: _____

Signature of Patient: _____

Signature of Representative if Other than Patient: _____

Relationship to Patient: _____

Date: _____