AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION AND TEST RESULTS

I hereby authorize Casey G. Boyer M.D., P.A., and his staff to discuss medical treatment and / or any test results by telephone or mail with the person/ persons named below:

HOW CAN WE CONTACT YOU?

☐ Phone Number_____

☐ We Can Leave a Message

☐ Do Not Leave a Message

OTHER FAMILY MEMBERS/SIGNIFICANT OTHERS

Name: _____.

Phone Number:_____.

Relationship: _____.

Name: _____.

Phone Number:_____.

Relationship: _____.

The authorization is effective immediately and shall remain in effect until I terminate this authorization in writing.

Patient Name: _____ Date: _____

Signature:_____

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In this Notice, Casey G. Boyer, MDPA may be referred to as "we", "our", or "us."

We understand that your health information is personal. We are committed to protecting your health information. This Notice will explain our privacy practices. It will describe:

1. How Your Health **Information Will** Be Used **and** Disclosed
2. Your Rights Related to Your Health Information
3. The Contact Person for More Information or for Complaints

This Notice is required by law. However, we may change our Notice at any time. Any of the changes that we make may apply to the information we already have and to new information. We will provide you with any new notice upon request. The new notice will also be posted at our health centers and on our web site (www.pppbtc.org).

SEE ATTACHED CURRENT NOTICE — EFFECTIVE APRIL 14, 2003

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

I HEREBY ACKNOWLEDGE receipt of Casey G. Boyer, MDPA's attached NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

Please print your name, sign and date a5 indicated below:

Name:_____

(Please Print)

Signature:_____

Date:_____

(A copy of this acknowledgement will be kept in your patient file)