Patients Nam	e	_ Birthdate
named patier		e protected health information about the above purpose is to inform the patient or others in
List NAME	S that you approve to receive info	rmation.
Voice Mail_		Results of Lab Test/ X-Ray
Spouse		Appointment Information
Parents		Financial Information
		Medical Information
Children		
Employer/ Se	chool	
Special Instructions:		
to inspect or c notification to information ha I und re-disclosure I und	opy the protected health to be disclosed Dr. Amy Brooks. I understand that a rule already been disclosed but will be effected that information used or disclosed by the recipient and may no longer be perstand that I have the right to refuse to	sed as a result of this authorization may be subject to
Signature of the	ne Patient, Guardian or Personal Repres	sentative Date
		Notice of Privacy Practice for the s DDS, MD, PhD, PLLC
	Signed:	
	FOR OFFIC	CE USE ONLY
DATE	PHI DISCLOSED TO WH	
		· · · · · · · · · · · · · · · · · · ·