

Patient Health Information

Patient Name _____

Date of Birth _____

In accordance with HIPPA regulations your health information is private. Drs. Marbourg and Associates does not discuss results of examinations or tests with anyone but the patient and/or guardian unless permission has been granted to do so. Please list below those individuals you wish to allow us to communicate your health information if needed or requested.

() I do not grant permission to any other person besides myself.

Patient Signature

Date

Guardian Signature

Date