

Patient Health Information

Patient Name _____

Date of Birth _____

In accordance with HIPPA regulations your health information in this office 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.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

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

Patient Signature

Date

Guardian Signature

Date