Richmond Surgical Arts, Inc.

Gregory T. Lynam, M.D., D.D.S.

Written Acknowledgment / Information Release Form

Our Notice of Privacy Practices provides information about how we may use and disclose medical information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

Name:_____ **Date of birth:**_____

_____ I have received & have had an opportunity to read the Notice of Privacy Practices.

_____ I understand that I may ask questions to the Medical Practice if I do not understand any information contained in the Notice of Privacy Practices.

_____
Patient Signature

_____
Date

_____
Authorized Representative of Patient

_____ _____
Relationship to patient Date

Release of Information

[ ] I authorize the release of information including the diagnosis, records, examination rendered to me & claims information. This information may be released to the following:

[ ] Spouse _____

[ ] Child[ren]_____

[ ] Other_____

[ ] Information is not to be released to anyone.

*This **Release of Information** will remain in effect until terminated by me in writing.*

Messages:

If you are unable to reach me:

[ ] you may leave a detailed message

[ ] you should leave a vague message asking me to return your call

[ ] _____

The best time to reach me is [day] _____ between [times]_____.

Signed:_____ Date:_____

Witness:_____ Date:_____