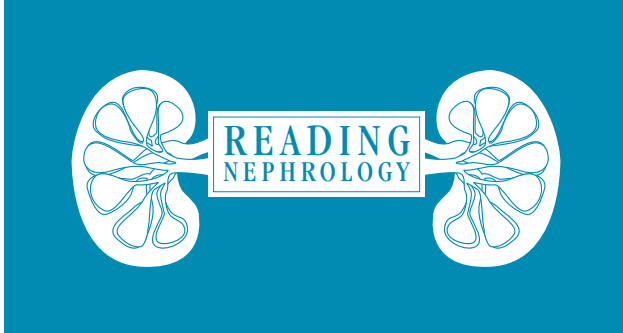


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READING NEPHROLOGY HIPPA MEDICAL RELEASE INFORMATION

WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR PERSONAL HEALTH INFORMATION AND TO PROVIDE YOU NOTICES OF OUR LEGAL DUTIES AND PRIVACY PRACTICES AND ADHERE TO THIS NOTICE.

THIS NOTICE DESCRIBES HOW MY PROTECTED MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND MAY BE GIVEN A COPY IF REQUESTED. PLEASE REVIEW CAREFULLY.

Please list names of any person(s) whom we may inform about your general medical condition and your diagnosis (including treatment, payment, and healthcare operations.)

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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CONTACT INFORMATION

May we contact you at home? YES NO _____
 PHONE NUMBER

May we leave confidential messages
 (i.e. appointment reminders, lab results, etc)
 on your answering machine/voicemail? YES NO _____
 PHONE NUMBER

Would you like us to have your email on
 file for future correspondence and
 accessing your own information? YES NO _____
 EMAIL ADDRESS

PATIENT NAME: _____

SIGNATURE: _____ DATE: _____