Chris M. Petras, M.D.

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Notice of Privacy Practices
Patient Acknowledgement

In accordance with federal requirements, I have been informed that this practice has a Notice of Privacy Practices written in plain language. The Notice provides information regarding the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties and responsibilities regarding my private health information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practice, and it reserves the right to make changes regarding all protected health information residing at, or controlled by this practice. I understand that I may obtain this practice's current Notice of Privacy Practices upon request.

I, ________________________________ give my permission for this practice to discuss my medical condition(s) with the following individuals until revoked in writing.

_________________________________ Relationship________________________

_________________________________ Relationship________________________

__________________________________Relationship________________________

__________________________________Relationship________________________

Signature _____________________________________ Date ________________

Signature of Personal Representative (If Applicable) ________________________________