1045 W. Jericho Turnpike, Smithtown, NY 11787
Tel: 631-543-8844 Fax: 631-543-8840
www.allen-mcmoniglemedical.com

Acknowledgment of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practice for the office of Allen-McMonigle Medical Assocaites detailing how my information may be used and disclosed as permitted under federal and state law.

DESIGNATED REPRESENTATIVE

I authorize discussion of my PHI (protected health information, including treatment, and payment) with:

( ) Spouse: ____

( ) Children: ____

( ) Other: ____

May we leave medical information on your home or work answering machine?

Yes (or) No

______________________________ ______________
Patient Signature ***Date***

____
Print Name