

Greenfield, M.D. and Associates, P.A.
139 Old Solomons Island Road
Annapolis, MD 21401
410-224-2222

Health Insurance Portability and Accountability Act
HIPAA Compliance Patient Consent Form

I have reviewed the Greenfield, M.D. and Associates, P.A. Notice of Privacy Practices.

Print name

Signature

Date

The following people have permission to access my medical information:

Name: _____ Relationship: _____

Contact number: _____

Address: _____

Name: _____ Relationship: _____

Contact number: _____

Address: _____

Name: _____ Relationship: _____

Contact number: _____

Address: _____
