

**Greenfield Associates, M.D., PA. Internal Medicine**  
**139 Old Solomons Island Road**  
**Annapolis, MD 21401**  
**410-224-2222**

Health Insurance Portability and Accountability HIPAA Compliance Patient Consent Form

I have reviewed the Greenfield Associates, M.D., PA. 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: \_\_\_\_\_  
\_\_\_\_\_

