CAROLINE R. PRICE M.D., P.A.

10 Enterprise Boulevard, Suite 207
Greenville, South Carolina 29615
864-331-2505 telephone
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RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

I, _____ (**please print PATIENT'S full name**) have been informed of Caroline R. Price, M.D P.A.'s Notice of Privacy Practices.

Signature of Patient/Guardian: _____ **Date:** ____/____/____

DISCLOSURE OF MEDICAL INFORMATION

Disclosure of Medical Information: Your medical information and communication of that information is essential to your care. We prefer to speak directly with each patient, but we understand that other individuals or family members may have knowledge of and be assisting in your care. Please list the individuals who are authorized to discuss your care with. (NOTE: We can not discuss your care with others, including spouses or other family members living with you, unless they are listed below.) This authorization is valid from the date of the signature above.)

Name of Person	**Relationship to Patient**	**Telephone Number**
_____	_____	_____
_____	_____	_____
_____	_____	_____