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FLORIDA
OTOLARYNGOLOGY
GROUP, P.A.

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I hereby acknowledge that I have been informed of Florida Otolaryngology Group, P.A.'s. Notice of Privacy Practices posted in the office lobby and have the right to a copy of this document upon request.

Florida Otolaryngology Group, P.A. may discuss information regarding my treatment and care with the following individuals. This could be in person, by telephone, fax, or by mail and includes the following information. If no one, indicate "no one."

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

Please initial each of the following you are authorizing.

_____ General Medical Information	_____ Psychiatric Information
_____ Financial Information	_____ Drug/Alcohol Abuse
_____ HIV Testing/Treatment	_____ Labs/Diagnostic Testing

Patient Name

Signature of Patient or Legal Guardian

Date