

ORTHOWERTZ

Ken Wertzberger, M.D. & Shane Alford, P.A.

I, _____ have received a copy of OrthoWertz's Notice of Privacy Practices.

I authorize disclosure of my Protected Health Information to the following individuals.

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Signature of Patient

Date

Signature of Personal Representative of Patient

Date

Relationship to Patient