COASTAL MEDICAL GROUP

150 East Medical Center Blvd, Suite D
Webster, TX 77598
Ph# 281-990-9979
Fax# 281-990-9916

NOTICE OF ACKNOWLEDGEMENT

This is to certify and acknowledge that I, _____
Date of Birth _____ have reviewed and have been given a copy of the Notice of Privacy Practices for Aslam Loya, M.D., P.A.

I am granting consent to Aslam Loya, M.D., P.A. to use and disclose my protected health information for the purpose of treatment, payment and health care operations. I give my permission to check my external prescribing history.

Signature: _____

Date: _____