*Walter J. Willoughby, Jr. MD*
10105 Banburry Cross Drive
Suite 355
Las Vegas, NV 89144

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## Notice of Privacy Practices Acknowledgement

I have received a copy of the Walter J Willoughby, Jr. MD Notice of Privacy Practices. I understand that Walter J Willoughby, Jr. MD has the right to change the Notice of Privacy Practices from time to time and that I may contact Walter J Willoughby, Jr. MD at any time to obtain a current copy of the Notice of Privacy Practices.

## Allowance of Release of Medical Information to Individuals

In addition to guidelines outlined in the Notice of Privacy Practices/ HIPAA form, I allow the following individual(s) listed below to receive medical information as it relates to my medical care with Walter J Willoughby, Jr. MD. This allowance to release medical information to the named individual(s) below will expire on the date indicated or one year from the date below, whichever comes first.

Today's Date ____________________________________________

Allowed Name___________________________________________ Date to Expire_________________________

Allowed Name___________________________________________ Date to Expire_________________________

Allowed Name ___________________________________________Date to Expire_________________________

Patient Signature__________________________________________ Date _________________________________

Print Name ______________________________________________

Witness/Guardian Signature ________________________________ Date __________________________________