

**HIPAA Privacy Notice
Paradise Valley Medical Clinic, PC
Douglas M. Lakin MD**

We are required by law to maintain the privacy of, and provide individuals with, a notice of our privacy practices with respect to protected health information. Our protected health information pamphlet is posted on our website, or available by asking our receptionist to furnish you a copy.

If you have any objections to this form, please ask to speak with our HIPAA compliance officer in person or by phone at 480-614-5800.

I give permission to the office of Dr. Douglas M. Lakin to release medical information on myself to the following persons:

_____	Phone #:
_____	Phone #:
_____	Phone #:
_____	Phone #:
_____	Phone #:

Your signature below is only acknowledgement that you give permission to release information to the persons referenced above:

Print Name

Signature

Date

Witness

Date
