GAYLE MARTIN, M.D.
1893 Kingsley Avenue, Suite B, Jacksonville, FL 32073
Phone 904-272-6955 Fax 904-272-5001

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name _____

Date of Birth _____ Social Security Number _____

_____ _____

Signature of Patient or Legally Responsible Party Date (month/day/year)

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I_____ hereby authorize the Dr. L. Gayle Martin's office to release the following information via telephone or in person.

To the following individuals:

_____ _____

Name Relation to patient

_____ _____

Name Relation to patient

_____ _____

Name Relation to patient

_____ _____

Patient Signature Date

Office use only:

Employee Signature Date (month/day/year)