Genetic Insights- New patient Enrollment Documents

**Please bring these to your first appointment filled-out & signed*

Patient Name: _____ **DOB:** ___/___/_____

Social Security Number: _____ **(Required) / EMR#** _____

***If Minor (under age 18) Responsible Adult:** _____

Policy Owner Name: _____ **DOB:** ___/___/_____

Best Contact Number: (___) _____ Who phone is this? _____

Alternate / Emergency: (___) _____ Who phone is this? _____

E-mail Address (Print Clearly): _____

Primary Address: _____

Address (continued): _____

Preferred Pharmacy: HEB/ Walmart/ CVS/ Walgreen's/ Costco/

Sam's/ Target/ Other: _____ **Phone #** _____

Medical Insurance (Check Applicable)

___ None (Private Pay)

___ Medicare / Supplement (Y / N) : ___ Traditional PPO / ___ Managed Care (HMO)

___ Commercial Insurance: (___ HMO / ___ PPO / other: _____

Primary Care Provider: _____

Office # (___) _____ / **Fax #** (___) _____ (Fax is Important)

Referring Physician / PA / NP: _____

Office # (___) _____ / **Fax #** (___) _____ (Fax is Important)

OFFICE POLICIES: SERVICES PROVIDED BY DR. MICHAEL VAUGHN

Genetic Insights is a Clinic providing Medical Genetic Consultations. Our goal is to thoroughly evaluate your physical symptoms (if reported) and after testing, you will be provided a treatment plan that addresses any discovered diagnosis and Preventive health recommendations (as needed).

The partnership that we will establish with your primary care physician is key in providing you with optimal medical care. ***Our office does not provide urgent care services*** but occasionally, same-day open appointment slots are available however, if you have a true emergency problem, you should call 911 or go to the nearest emergency room—do not waste time attempting to contact any physician by phone. After each office visit, we will fax our notes, any lab results, and all other reports to your PCP.

Appointment Scheduling

Appointments will be scheduled during our business hours only. Hours are published on-line at **www.Genetic Insights.net**. To serve you in a timely manner you must arrive on-time for your scheduled appointment. Our goal is to see you within 30 minutes of your arrival. **We expect you to arrive 15 minutes before your scheduled appointment so that you can complete the required paperwork (You should expect traffic problems).** To expedite your check-in, your Patient registration / Insurance information can be completed prior to your arrival by printing the required forms online at **www.GeneticInsights.net** (see "Resources" tab). If you arrive more than 15 minutes after your scheduled time, you would actually be 30 minutes late for your appointment; if you were seen this late, we would not be able to see the patients who follow you in their scheduled time slots. **Arriving > 15 minutes late will result in a cancellation to prevent other scheduled patients from being inappropriately inconvenienced.* *Due to the small size of our Exam rooms, and the San Antonio Fire Safety Codes, the maximal occupancy of an exam room is 4 persons (Typically, the Physician, a child and 2 parents). *If your child is scheduled for an evaluation, please do not bring other young children with you unless you feel that they could sit un-monitored in our waiting room.

Appointment Cancellations

Patient "No-Shows" are why most other physicians overbook appointments. When you are scheduled for an appointment with us, that time slot is not available to any other person. Unlike most other Physicians, we do not overbook or double book appointments, as this leads to poor quality of care. Our appointment policy was established to help ensure that your time allotted will not be cut short. Scheduling an appointment with us is your commitment to use our resources, if you do not arrive as planned, you will have denied us the opportunity to address another's medical needs. To avoid "**no-show fees**", ***you must cancel any appointment at least 24-hours in advance.*** To schedule a "new Patient visit, you must leave **a credit card number and agree to a prior authorization debit of $150.00.** If you fail to use our services as scheduled without a 24-hour prior notification, regardless of the reason for a "no-show", you will be charged a "no-show" fee; just like a deposit made on a hotel room. We reserve the right to terminate our doctor-patient relationship with anyone who is abusing appointments (> 3 no-shows or last-minute cancellations).

Phone Calls Requesting to Speak With Your Doctor

To avoid interruptions with scheduled patient care, phone calls will typically be returned at the end of each day (4:30-7pm). When you leave a message, please identify the patient's name, their birthday and provide all phone numbers where you can be reached. *To provide you with medications, we will need your **pharmacy phone number** as well. ***If your voicemail greeting does not state your name, we cannot leave any medically-related information for you on your voice mail***.

Please do not call expecting your doctor to treat any new medical problem over the phone. Any symptom that arises more than a week after an office visit, and is not related to the treatment we provided, is considered a "**new**" medical problem. If you have new respiratory symptoms such as a runny nose or cough, you will be asked the result of your home COVID test *Do this test before contacting us. It is not possible for us to thoroughly evaluate you without the ability to perform a physical exam. "Telephone Medicine" can be an unsafe practice that puts you at a higher risk for misdiagnosis and sub-optimal treatment than a face-to-face appointment.

Financial Policy

Dr. Vaughn is contracted with most regional and national Non-HMO insurance plans. We do not typically establish payment plans for personal costs related to your Insurance contract (Co-pays, co-insurance fees etc.) but will accept personal checks, Debit Cards, MasterCard, Discovery, American Express and Visa. *All physicians who contract with Medical Insurance Companies are contractually obligated to collect these fees. Any patient who requests to be seen or treated in our office without prior authorization (if this is required by your insurance), could be responsible for the full charge of the visit. *It is your responsibility, to obtain any required prior-authorization for medical care from your Primary Care Physician before calling for an appointment (ask them to fax it to (210) 404-0926).* **Our staff will not contact your Primary Care Physician to request a referral. In addition, it is your responsibility to understand your insurance benefits and your costs for medical care; our staff cannot determine your benefits for you but at your request, you will be show our typical charges.** At your request, we will provide you with an estimate of the anticipated office charges (before you are evaluated) however, many times the information you provide us at your visit determines the testing we will recommend. If you have a large deductible that has not been met for the year, it may be wise to consider taking advantage of our "cash pay" discount for your medical services (40% off of our usual charges). This opportunity may benefit you if you typically never reach your yearly deductible or if you are uninsured. We cannot determine for certain what testing will be approved or covered by your insurance carrier; you are responsible for any cost of testing that we feel is relevant to your care however; **You have the right to refuse any testing we think is necessary or important for your care.**

*** We do not draw blood at our office.**

If your insurance company has negotiated discounts with specific Pharmacies, Labs or Radiology service facilities, it is your responsibility to notify us of this situation. If you do not know your benefits, you should contact your insurance provider's customer services for this information before obtaining any potentially high cost "outside" services such as Labs or CAT scans. **If you pre-identify your preferred lab testing company or radiology center location, we can almost always direct our testing requests to get you the best price for these services.**

Periodic Evaluations of Our Medical Care

As a way of improving our services and contributing to our field of Allergy, Asthma & Immunology, we periodically review the outcomes of our medical care. When we monitor our clinical effectiveness, we may choose to share these results with other physicians by presenting this information at Medical Meetings, or publishing this information in Medical Journals. If your medical information is used for this purpose, no specific identifying information about you would ever be released. We do not participate in paid medical or drug studies.

Vacation / Office Closure Policy: Our office closure dates are published each January for the upcoming year on-line at www.AlamoAllergy.com When our office is closed, please address all medically-related issues to your PCP. Lab reports that arrive at our office while we are on vacation will be discussed with you after our return. If necessary, in our absence, your PCP can typically request a copy of these labs (from the Testing Centers). If you do not have a PCP, for your urgent care issues, we recommend CVS "Minute Clinics". Any serious or potentially life-threatening conditions such as acute asthma or anaphylaxis should only be seen in an Emergency Room.

Policy for fevers:

Our office provides care for many patients who have abnormal (compromised) immune systems. When you sit in our waiting room, you may be sitting next to one of these persons. If they contract influenza or other illnesses, they are likely to suffer more severely than persons with normal immune systems. As a way to protect these patients, it is our policy to keep our office free from easily transmitted illnesses. If you have a cough of a duration < 1 week, you would likely be referred to urgent care. Fevers are typically caused by viral infections and rarely if ever by sinus infections. Fever with a cough makes viral transmission even more likely. If you have either fever alone (Temp > 100.5) or cough with fever, we ask that you first seek urgent care from your Primary Care Physician. **If you have only a sinus infection alone, you should not have a fever.**

Consent for Medical Treatment Under Texas Law and Patient rights:

AGREEMENT AS TO GOVERNING LAW AND FORUM: The patient (including the patient's representative, heirs or beneficiaries) and the health care providers (including employees and agents of AA&A) at Genetic Insights rendering or providing medical care, or professional services directly related to health care to the patient agree:

1) that all health care rendered shall be governed exclusively and only by Texas Law and in no event shall the law of any other state apply to any health care rendered to patient; and

2) in the event of a dispute, any lawsuit, action, or cause of which in any way relates to health care provided to the patient shall only be brought in a Texas Court in the county/district where all or substantially all of the health care was provided or rendered and in no event will any lawsuit, action or cause of action ever be brought in any other state.

3) A patient has a right to request a notation be added to their Medical Record concerning any content they believe is incorrect however, if the Medical provider does not believe and error occurred, both comments will be retained in the medical record with a dated explanation of any addended comment.

4) A patient has the right to request Medical Information be transmitted to them by: mail, phone or fax, but not by e-mail: unless end-to-end encryption is available.

General Complaints: The Physicians and Staff at Alamo Asthma & Allergy Associates continually strive to improve the quality of the medical care we provide. Constructive criticism is always welcome and should be addressed *in writing* to the owner of Genetic InsuightsVaughn, 115 Gallery Circle, #200, SATX 78258.

Complaints concerning billing issues are typically addressed by our Billing Staff (AIM Services) *Communications with AIM are made through Adrianne Thomas (office manager). Many commonly encountered problems will require you to first communicate directly with your Medical Insurance provider.

The Texas Medical Board licenses and monitors the practice of Medicine by Physicians and other Physician-supervised mid-level medical providers (PAs and NPs); but not nurses, medical assistants, or clerical staff.

NOTICE CONCERNING COMPLAINTS: Complaints concerning the care you receive from a Physician at Genetic Insights, may be reported for investigation at the following address: Texas Medical Board, Attention: Investigations 333 Guadalupe, Tower 3, Suite 610 P.O. Box 2018, MC-263 Austin, Texas 78768-2018. Assistance in filing a complaint is available by calling: 1-800-201-9353 *For more information, please visit their website at ***www.tmb.state.tx.us***

I have read and understand all information provided on the 5 prior pages, including my need for a PCP to provide for my health maintenance and Urgent Care medical needs. I consent to the Medical Care that will be provided by Alamo Asthma & Allergy Associates Physicians and Staff, and I accept and agree to abide by their office policies.

Patient Name: _____ **Date** _____

Responsible Adult: _____ **Phone #** _____

Signature of Patient or Responsible Adult: _____

DIRECTIONS TO THE OFFICE: *Traffic on both Rt. 1604 and Rt. 281 into the Stone Oak area can be very heavy; please consider extra time allotment for this issue.* Stone Oak Parkway is located on the North-side of Loop 1604 about mid-way between the exits for Blanco Road and Hwy 281. Our office is located on Gallery Circle, approximately 0.3 miles north of 1604. (Gallery Circle is the 2nd right-hand turn off Stone Oak Pkwy). 115 Gallery Circle is the building at the far end of the cul-de-sac and our name is on the top of the building. Suite 200 is on the 2nd floor. Bathrooms are located outside of the medical office near the elevator.

NOTICE OF PRIVACY PRACTICES (HIPAA POLICY)

Dr. Michael Vaughn / DBA: Genetic Insights

Privacy officer; Michael Vaughn MD.

Effective Date:9/1/26

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

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A. How This Medical Practice May Use or Disclose Your Health Information

This medical practice (Genetic Insights) collects health information about you and enters it into an Electronic Medical Record (EMR) "In-the-Cloud" that is stored on highly protected computer servers provided by NextGen Healthcare. Only your billing information is stored on site at Genetic Insights.

These two components, Health Information and Billing Information, create your full medical record. The medical record created is the joint property of Genetic Insights and you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use medical information about you to provide you with medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we must give your health insurance plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have an agreement with each of these business associates requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official. (Adrienne Thomas)

4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

5. Sign In Sheet. We may use and disclose medical information about you by having you sign in when you arrive and may also call out your name when we are ready to see you.

6. Notification and Communication With Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. If you publish a review of our services on-line, we will view this as a request for our response or comments in a public forum and also as your consent to a "public" discussion of normally protected health care information; in so doing, you are declining the "normal" expectations of HIPAA privacy protection. If we believe that a review contains false or misleading information, we reserve the right to publicly comment on or contradict any perceived misrepresentation of facts.

8. Sale of Health Information. We will not sell your health information without your prior written authorization. If we sell Genetic insights or retire from practice, we may transfer the safekeeping of your medical records to another Physician or a Medical Care Entity; this is not considered a "sale" of your medical records. In the event that this medical practice is sold or merged with another organization, your health information/record will become the shared property of you and the new owner *you will maintain the right to request that copies of your health information, or request that a copy be transferred to another physician or medical group.

9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative

promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

17. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.

18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

19. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

20. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as

appropriate. We would only use e-mail notification if we are certain it will not contain PHI and it will not disclose inappropriate information..

21. Research. We may disclose your health information to researchers conducting scientific studies with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

B. **When Genetic Insights May Not Use or Disclose Your Health Information**

Except as otherwise described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. **Your Health Information Rights**

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. **If you personally paid for your genetic testing , the results belong to you alone** and we will not to disclose this information to your commercial health plan concerning health care items or services unless we are compelled to disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. e-mail communications are HIPAA compliant if you communicate with us using the email "Info@EnlightenedPrimarycare.com. Unless you provide written notice to the contrary, we will assume that you consent to communications made by cell phone and text.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a physical "hard-copy" of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access

your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. Right to a Paper or Electronic Copy of this Notice. You have a right to a notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices. This written Privacy Notice is identical to the document "HIPAA Policy" published on our web site www.GeneticInsights.net.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.**Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

D. **Complaints:** Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. If you are not satisfied with the manner in which this office handles a

complaint, you may submit a formal complaint to: DHHS Office of Civil Rights / 888-388-6332 or OCRMail@hhs.gov The complaint form may be found at **www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf**. You will not be penalized in any way for filing a complaint.

By signing you are indicating that you have read, understand and agree to abide by the policies found herein.

Name: _____ / Date ___/____/_____

Signature: _____

Genetic Insights: Pre-authorized Permissions for Medical Record Releases

I state that I am legally authorized to control the medical records and other information governed by HIPAA Privacy Rules and Regulations. I consent to the protections and use of my HIPAA Protected Health Information as described in this document. I authorize the release of _____ my medical records (Initial) or the records of: _____

Medical records may be released by request and without limitations (unless specified) to:

1) Name: _____ / Fax: _____

Relationship to Patient: _____/ ____Physician (check)
Address:_____
Limitations:_____

2) Name: _____/ Fax: _____

Relationship to Patient: _____/___Physician (check)
Address:_____
Limitations: _____

3) Name: _____/ Fax: _____

Relationship to Patient: _____/___Physician (check)
Address:_____
Limitations: _____

4) Name: _____/ __Fax: _____

Relationship to Patient: _____/ ___Physician (check)
Address:_____
Limitations: _____

Authorizing person: _____**Date:** ___/___/____

Relationship to Patient: ___ self / other: _____

Signature: _____