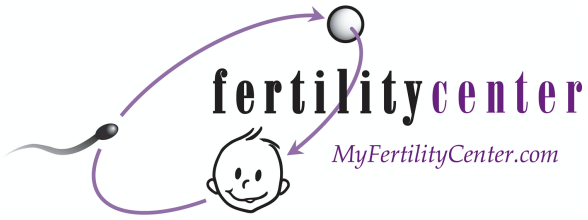

7407 Ziegler Road
Chattanooga, TN 37421
423.899-0500 423.899.2411 (fax)

10408 Jackson Oaks Way
Knoxville, TN 37922
865.692.3433 865.692-3218 (fax)

Patient Consents for Notice of Privacy Practices

Check boxes as to how you agree to the disclosure of your personal health information.

YES	NO	
☐	☐	I would like to receive a copy of the "Notice of Privacy Practices" for Fertility Center.
☐	☐	You have my permission to leave messages on my answering machine and to mail written notice to my home address regarding appointments, treatment information or any other details related to my therapy and treatment.
☐	☐	You have my permission to forward any requested records to my family practice doctor.
☐	☐	You have my permission to forward any requested records to a referring doctor.
☐	☐	You have my permission to give the following family members and friends access to my personal health information.
☐	☐	The same family members and friends may pick up prescriptions/samples from the office for me.

Family Members and Friends List

_____ Contact #: _____

_____ Contact #: _____

_____ Contact #: _____

Patient Signature: _____ Date: _____

Initial/Date #2 (no changes): _____ Initial/Date # 3 (no changes): _____