

Dr. Uma D. Gavani, M.D.
Specializing in Asthma & Allergy Treatment for Children & Adults

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS POSTED IN AN ACCESSIBLE AREA OF OUR OFFICE. A COPY WILL BE GIVEN TO YOU UPON REQUEST.

I am aware of the Healthcare Notice of Privacy Practices. I understand that this notice is posted in the doctor's office and that a copy will be furnished to me upon my request.

Please Print Name of Patient

Signature of Patient, Parent or Legal Guardian

Date

I, _____ will allow my health information, test results, and
Patient Name
billing to be discussed with the following people (such as spouse, children, or friend):

Person	Relationship
_____	_____
_____	_____