

PRIVACY GUIDELINES

I authorize Dr. Glicksman or Staff to call me at:

- Home
- Work
- On My Cell Phone, _____
- All of the Above
- None of the Above

I authorize Dr. Glicksman or Staff to leave Protected Health Information to persons or answering machine at:

- Home
- Work
- On My Cell Phone, _____
- All of the Above
- None of the Above

I authorize Dr. Glicksman or Staff to leave Protected Health Information only with:

_____	_____
_____	_____
_____	_____
_____	_____

Signature