CHAPEL HILL EAR, NOSE & THROAT
PRIVACY PRACTICES ACKNOWLEDGEMENT

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

Name (print) ______________________________ Birthdate ______________

Signature ______________________________

Date ______________________________

PLEASE PRIVIDE ANY OTHER PERSON THAT YOU WOULD LIKE TO HAVE DR. GERBE OR OUR OFFICE STAFF DISCUSS YOUR HEALTH ISSUES WITH:

I give my permission for:

Name of Person: ______________________________ Relationship ______________

Name of Person: ______________________________ Relationship ______________

Professional Village | 109 Conner Drive, Suite 207 | Chapel Hill, NC 27514 | Phone: 919-967-5599 | Fax: 919-967-5698