Allergy and Asthma Center

Joel L. Katz, MD

2625 Box Canyon Drive

Las Vegas, NV 89128

Use and Disclosures of Public Health Information

To Whom May We Release OR Discuss Information Regarding Your Healthcare/Billing/PHI*?

(Family or Friends)

Information will not be released to anyone without your written consent. You may change this information at any time.

Name: _____ Relationship_____ Phone: _____

Name: _____ Relationship_____ Phone: _____

Name: _____ Relationship_____ Phone: _____

Patient Name: _____ Date of Birth: _____

(printed)

Patient Signature: _____Date: _____

*PHI: Protected Health Information

01/16