

M. N. Shamsi PC  
1000 Germantown Pike  
Unit H-4  
Plymouth Meeting, PA 19462

**DUE TO THE NEW FEDERAL PATIENT CONFIDENTIALITY LAWS (HIPAA) OUR OFFICE WILL NEED YOUR PERMISSION TO DO THE FOLLOWING: CIRCLE ONE AND THEN INITIAL.**

CONFIRM APPOINTMENTS      YES \_\_\_      NO \_\_\_

LEAVE MESSAGES WITH ANYONE OR ON RECORDER      YES \_\_\_      NO \_\_\_

LEAVE LAB RESULTS WITH ANYONE OR ON RECORDER      YES \_\_\_      NO \_\_\_

BY SIGNING THE ABOVE I FULLY UNDERSTAND THAT I AM GIVING *Dr. Shamsi and associates,* PERMISSION TO DO THE ABOVE.

\_\_\_\_\_ DATE

\_\_\_\_\_ PATIENT NAME

\_\_\_\_\_ GUARDIAN SIGN

\_\_\_\_\_ PATIENT SIGNATURE

*✓*  
\_\_\_\_\_ STAFF WITNESS