

Patient Consent for the Office Privacy Act

I have reviewed the Office Privacy Act that explains how your office will use my personal information, and the steps your office is taking to protect my information.

I know that your office has a Privacy Code, and I can ask to see the Code at any time.

I agree that Dr. Fritz can collect, use and disclose personal information about me as set out in the information about the office's privacy policies.

Print Name

Signature

Date

Signature of witness