

Full Circle Medical Center

Charles C. Adams, MD

Integrative Internal Medicine

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PATIENT PRIVACY POLICY AND PROCEDURE

I give Full Circle Medical Center and staff members permission to release all medical and financial information to the following persons:

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give Full Circle Medical staff members permission to call my house and leave a message to remind me of my appointment. Yes No

Full Circle Medical Center will abide by a strict code of ethics regarding "The Patient Privacy Act". I will not hold Full Circle Medical Center or any staff member responsible for the releasing information to the above persons.

Patient Signature

Date

Witness Signature

Date