



ACKNOWLEDGEMENT

I, _____ (please print), acknowledge that I have received a copy of Allergy Asthma Colorado, P.C.'s Notice Regarding Privacy of Personal Health Information.

In an effort to protect your privacy and conform to the Health Information Privacy Act, Allergy Asthma Colorado, P.C. would like you to read and fill out the following in regard to your medical information.

Please consider carefully whom you want to have access to your medical information.

I, _____ (please print), give Allergy Asthma Colorado, P.C. permission to release my medical information to the following:

My home phone answering machine # _____

My work voicemail # _____

My cell voicemail # _____

My fax # _____

My spouse: _____ # _____

Other: _____ # _____

Mail to: _____

I fully understand that this consent will remain in effect until revoked in writing.

Signature: _____ Date: _____