

BREAST CARE SPECIALISTS, L.L.C.

A multidisciplinary approach to Breast Health

ELIZABETH P. STEINHAUS, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF SURGERY

JENNIFER L. AMERSON, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF SURGERY

BRENDA B. SIMPSON, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF SURGERY

PAMELA M. DONLAN, M.D.
DIPLOMATE AMERICAN BOARD OF RADIOLOGY

CHRISTINE MURPHY, M.D.
DIPLOMATE AMERICAN BOARD OF RADIOLOGY

SUSAN A. MULLIGAN, M.D.
DIPLOMATE AMERICAN BOARD OF RADIOLOGY

CARRIE L. STALLINGS, M.D.
DIPLOMATE AMERICAN BOARD OF SURGERY

LAUREN F. THOMAS, R.N.C., N.P.
CERTIFIED NURSE PRACTITIONER

Privacy Notice Acknowledgement

I acknowledge that I have received a copy of the Summary Privacy Notice for Privacy Notice revision Date: April 14, 2003

Patient or Personal Representative's Name Printed Patient or Personal Representative's Signature Pt's Date of Birth

Personal Representative's Relation to Patient Date

Documentation of Good Faith Effort

The patient identified above was provided with a copy of the Provider's Summary Privacy Notice on this date. A good faith effort has been made to obtain a written acknowledgment of the patient's receipt of the Summary Privacy Notice. However, acknowledgement has not been obtained because:

___ Patient refused to sign the Summary Privacy Notice Acknowledgement

___ Patient was unable because:

___ There was a medical emergency. Provider will attempt to obtain acknowledgement as soon as practical.

___ Other reason, describe below: _____

Employee's Name Printed

Employee's Signature

Date

Authorization to Discuss Medical Care

I hereby authorize Breast Care Specialists, LLC to discuss any of my medical care needs (including appointments, results, continuing care and treatments etc.) with the following people:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Patient/Personal Representative's Signature: _____ Date: _____