

BRANDYWINE FAMILY PRACTICE OF EXTON

Jennifer Keah, M.D. Pat Romano, D.O.

Healthcare professionals involved in your care will have confidential access to your complete medical record for treatment, payment or healthcare operations as described in the Notice of Privacy Practices. Other than healthcare professionals, we are not allowed to share healthcare information to anyone unless you give us the written consent to do so.

Patient Name _____ Date of Birth _____ Today's Date _____

By my signature below, I hereby authorize the disclosure of my healthcare information as well as appointments to be shared with the person(s) listed below.

Patient/Guardian Signature _____ Date _____

Primary Phone # _____ Secondary Phone # _____

Name _____

Relationship _____ Phone # _____

Name _____

Relationship _____ Phone # _____

Name _____

Relationship _____ Phone # _____

OR

By my signature below, I hereby **DO NOT** authorize the disclosure of my healthcare information as well as appointments to be shared with **ANYONE**.

Patient/Guardian Signature _____ Date _____

Primary Phone # _____ Secondary Phone # _____

790 W. Lincoln Highway Exton, PA 19341
610-518-6780 Fax 610-518-6782