MAURICE COLLADA, JR., M.D., P.C.

Diplomate American Board of Neurological Surgery
Physician and Surgeon

1344 Liberty Street South East
Salem, Oregon 97302
Phone (503) 581-5517
Fax (503) 581-6341

ACKNOWLEDGEMENT AND CONSENT FORM

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

** You may refuse to sign the acknowledgement**

I have received a copy of this office's Notice of Privacy Practices.

_____
Print Name

_____ _____
Signature Date

CONSENT TO RELEASE INFORMATION

I hereby authorize MAURICE COLLADA JR., M.D., P.C. to release medical information regarding myself to the person(s) listed below. I understand this information may include diagnosis, treatment and lab or x-ray results. This information will not include HIV/Aids related records, genetic testing information, mental health information or drug/alcohol diagnosis, treatment or referral information.

PERSON AUTHORIZED TO RECEIVE INFORMATION:

_____ _____
Name(s) Relationship

This authorization may be revoked at any time and will remain in effect until a written request is received to revoke this consent.

_____
Print Patient Name

_____ _____
Patient Signature Date

FOR OFFICE USE ONLY----------
We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐ Individual refused to sign
☐ Communication barriers prohibited obtaining the acknowledgement
☐ An emergency situation prevented us from obtaining the acknowledgement
☐ Other-_____