

BROKER & CRAMER, ENT, PC

Brian J. Broker, M.D. · Laurence V. Cramer, D.O., F.O.C.O.O.

Paul B. Swanson, M.D.

Ear, Nose, Throat-Facial Plastic Surgery - Board Certified- Adult and Pediatric

ACKNOWLEDGEMENT

PATIENT NAME: _____

I acknowledge that a copy of the Notice of Privacy Practices for Broker, Cramer and Swanson was made available to me.

If I wish to allow a family member or friend to receive my personal protected health information, I must sign an Authorization Form provided by the Practice.

DATE: _____

Patient Signature: _____

Witness Signature _____

824 Main Street
Suite 201
Phoenixville, PA 19460
610-415-1100
FAX: 610-415-1101

5735 Ridge Avenue
Suite 208
Philadelphia, PA 19128
215-487-7200
FAX: 215-487-7201

1201 County Line Road
Suite 101
Bryn Mawr, PA 19010
610-520-0900
FAX: 610-520-0920

1800 East High Street
Suite 375
Pottstown, PA 19464
610-326-3600
FAX: 610-326-4466

Other than myself I authorize the following to receive my personal and protected health information

_____ DOB _____ relationship _____

_____ DOB _____ relationship _____

to be able to pick up my records at my request. Also are there any other physicians you wish to include in our correspondence: _____

Name: _____

Address: _____

City, State _____ Zip _____

I have read and have had all my questions answered.

Print _____ Date _____

Signature _____

Witness _____

04/07/2005

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