



Fullerton Neurology and Headache Center

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Helen Gonzalez, Privacy Officer – 714-738-0800

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the office in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

I would like to receive a copy of any amended Notice of Privacy Practices by email at:

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient

Name and Address of Patient:

HIPPA COMMUNICATION AUTHORIZATION			
Spouse / Parent Name:	Phone:	Emergency Contact Name:	Phone:
Optional Communication To whom, besides your doctor, do you authorize us to speak with about your health?	Name	Relationship	Phone:
	Name	Relationship	Phone:
	Name	Relationship	Phone:
	Name	Relationship	Phone:

Yes No Power of Attorney / Advance Care Advocate Name: _____