Family Practice Associates

James Cooper, M.D.
Kirk Watson, M.D.
Evelyn Cathcart, M.D.
Mark Albey, M.D.
Kristen Wright, M.D.
Lisa Barker, M.D.
Jared Dixon, M.D.
Joseph Morgan, D.O.

1304 Military Road
Benton, Arkansas 72015
Ph (501) 778-0934
Fax (501) 778-1013

Acknowledgment of Privacy Practices

I, _____, have received a copy of Family Practice Associates Notice of
(print patient name)
Privacy Practices.

(The portion below is optional. Fill out only if you want others to be able to obtain/ discuss your medical records.)

I, _____, give permission to the following person(s) to obtain any/all medical
(print patient name)
information on myself/patient.

Name: _____, Relation: _____

Name: _____, Relation: _____

Name: _____, Relation: _____

Name: _____, Relation: _____

❑ Yes, I am giving permission to the above state individuals to discuss and obtain protected health information about myself/patient and I understand that I may revoke this permission in writing at any time.

❑ No, I do not want to give anyone permission to discuss or obtain protected health information other than other physicians and medical facilities at this time.

_____	_____ /_____ /_____	_____
Patient/Guardian Signature	Patient Date of Birth	Today's Date