

# Gilman, Curalli & Gilman, DO, PS

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Our notice of Privacy Practices provides information about how we may use and disclose Protected Health Information (PHI) about you.

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

I give Drs. David C. Gilman, Nick L. Curalli, Bryce H. Gilman and their staff permission to use and disclose all (without exclusion) protected health information about me for treatment, payment and health care operations.

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**PERMISSION TO RELEASE PROTECTED HEALTH INFORMATION TO A  
FAMILY MEMBER, CAREGIVER OR OTHER PERSON.**

I authorize Drs. David C Gilman, Nick L. Curalli, Bryce H. Gilman and their staff to release my Protected Health Information to:

Name:	Relationship:
Name:	Relationship:

**Please exclude/include the following protected health information: (please check at least one box.)**

- Exclude HIV (Aids)     Exclude Sexually Transmitted Diseases
- Exclude Mental Disorders     Exclude Drug and/or Alcohol Use
- Include All Protected Health Information

**Additional Exclusions (if any)** \_\_\_\_\_

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If you want us to leave a phone message regarding your PHI, please supply the phone number \_\_\_\_\_.

(Supply a phone number ONLY if you are giving us your authorization to leave a message regarding your PHI.)

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You have the right to request that we restrict how Protected Health Information about you is used or disclosed for treatment, payment or health-care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you will receive our revised copy. By signing this form, you consent to our use and disclosure of Protected Health Information about you for treatment, payment and health-care operations. You have the right to revoke this consent in writing except where we have already made disclosures in reliance on our prior consent.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_