Healthcare for Seniors

Jae H. Pak, MD PC
Geriatric Psychiatrist

Jody Amazon, DSc, APRN

HIPAA Privacy Notice & Consent for Services Signature Form

I have received my Notice of Privacy Practices which informs me how my medical information may be used and released. This form also grants permission to Dr. Jae H. Pak, MD (Geriatric Psychiatrist) or Jody Amazon, DSc, APRN (Geriatric Nurse Practitioner) to see the patient for initial and/or follow up visits and medication management. I understand that we are under no obligation and may revoke services at any time.

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Signature of Patient/Power of Attorney/Guardian

_____ _____

Printed Name of Patient **Date**

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Signature of Witness **Date**