

SANDRA D. ELDER, MD

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT
FORM.

I, _____, have read and/or received a copy of
Sandra D. Elder, MD's Notice of Privacy Practices. You have my permission to
discuss my medical issues with _____, relationship
_____.

Signature of Patient _____ Date _____

RECORD RELEASE ACKNOWLEDGEMENT

I, _____, understand that if I would like my
medical records released and do not have access via computer or cell phone to
download Mozilla firefox to access my portal in EMA Modernizing Medicine or
do not have access to a printer, there will be a fee of \$10.00 for first page and \$0.50
per page thereafter.

Signature of Patient _____ Date _____