

REGINA HILL, MD, INC.

AUGUST 1, 2011

ACKNOWLEDGEMENT

I _____, acknowledge that I have received a copy of the Notice of Privacy Practice provided by Regina Hill, MD, Inc.

I, _____, authorize Regina Hill, MD, Inc. to discuss my health information with the following persons:

Spouse: _____

Children: _____

Parent: _____

Other: _____

DATE: _____

PATIENT SIGNATURE: _____