

FRANKLIN COUNTY MEMORIAL HOSPITAL
PRIVACY PRACTICES (HIPPA) INFORMATION

I have reviewed this privacy practices form and hereby acknowledge that I have been given and understand the privacy practices of Franklin County Memorial Hospital, Pool Medical Clinic, Hildreth Medical Clinic, Campbell Medical Clinic and Main Street Clinic.

By this form, I give permission to the above entities to discuss my medical condition with the following people:

Name(s) of Person(s)
please print

Spouse: _____

Parents / Guardian: _____

Children _____

Other Family Member (s): _____

Other: _____

Name of Patient

Date of Birth

Signature

Date

Personal Representative