A. Louis Jimenez, DPM, PC
Primera Foot and Ankle Centers
Georgia Ambulatory Surgery Center

Perimeter	Snellville	Johns Creek	Surgery Center
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I, _____, have been informed that a copy of A.Louis Jimenez, D.P.M., P.C./Primera Foot and Ankle Centers Notice of Privacy Practices is posted in the office. A copy will be furnished to me upon my request.

_____ _____
Signature of Patient Date

It is our policy not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail and/or cell phone. However, we will confirm appointments by telephone. Whenever returning phone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone. If you would like to have information released to someone other than yourself, please complete the following:

I authorize A. Louis Jimenez, D.P.M., P.C. to leave medical information pertaining to my care by the following methods and will assume responsibility to notify A. Louis Jimenez, D.P.M., P.C., If this information changes.

Home telephone	yes _____	no _____	voice mail	yes _____	no _____
Answering machine	yes _____	no _____	Cell phone/voice mail	yes _____	no _____
Work telephone	yes _____	no _____	Cell phone#	yes _____	no _____
Home address	yes _____	no _____			

Please list names of people with whom we may discuss your medical care:

Spouse name _____ yes _____ no _____

Parent name _____ yes _____ no _____

Other name _____ yes _____ no _____

_____
Signature of Patient/Guardian Date