

Intermountain Neurology, Skyline Pain Clinic, Hormone Specialists Clinic

Jahan Imani, MD Danna Schow, FNP-C Jared Abrams, PA Marinda Paskett, ANP-C

PRIVACY PRACTICES AND DISCLOSURE

I, _____, acknowledge that I have received a copy of "Notice of Privacy Practices." This notice describes how Jahan Imani MD, Jared Abrams PA or Danna Schow FNP-C may use and disclose my protected health information.

Signature of Patient

Date

DISCLOSURE TO YOUR FAMILY AND FRIENDS

You have the right for us to disclose your personal health information to you as described in the patient rights section of our privacy policies. We will not release any personal health information to anyone unless you have given authorization to the contacts listed below.

Authorized people that this office may disclose my medical health information to:

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

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