

PATIENT PRIVACY NOTICE

This medical practice offers its patients the right to have a chaperone present during the conduct of certain types of examinations. Many patients have expressed concern that a chaperone interferes with their right to privacy.

ACKNOWLEDGMENT AND WAIVER

I hereby acknowledge having been offered the right to have a chaperone present during my examination. To maximize my right to privacy, I have rejected this offer and hereby waive my right to have a chaperone present during my examination.

Name of Patient: _____

Date: _____

Signature of Patient

If patient is a minor or otherwise unable to sign this authorization:

Name of Patient's Authorized Representative: _____

Relationship to Patient: _____

Date: _____

Signature of Authorized Representative: _____