



Woodbridge Medical Associates, P.A.

1000 Route 9 North, Suite 302, Woodbridge, N.J. 07095
732/634-0036 ♦ Fax: 732/634-9182 ♦ www.woodbridgemed.com

Gastroenterology
Seth M. Webber, M.D.
Internal Medicine
Mary T. O'Donnell, M.D.
Lauren Maza, M.D.
Louis Friedman, D.O.
Physician Assistant
Luisa Lopez, PA-C

I. Acknowledgement of Privacy Practice Notice

Date: / /

A copy of Woodbridge Medical Associates, P.A. Privacy Practices Notice, located on the wall in our waiting room will be provided for you at your request. These rights are to inform you of your privacy and quality of care as a patient. Would you like a copy of this notice? Yes No

Patient's Name

Date of Birth

Signature of Patient/Parent/Guardian

II. Designation of Certain Relatives, Close Friends and Other Caregivers

INITIAL

UPDATE

I agree that Woodbridge Medical Associates may disclose certain portions of my health information to a family member, close personal friend or other caregiver because such person is involved with my health care or payment relating to my health care. In that case, Woodbridge Medical Associates will disclose only information that is directly relevant to the person's involvement with my health care or payment relating to my health care.

I designate the following persons listed below as persons involved with my health care or payment relating to my health care for the purpose of Woodbridge Medical Associates' making the limited disclosures described above. (I understand that I am not required to list anyone. I also understand that I may change this list at any time in writing.)

Print Name: _____ Phone # _____ Relationship: _____

Print Name: _____ Phone # _____ Relationship: _____

Print Name: _____ Phone # _____ Relationship: _____

Print Name: _____ Phone # _____ Relationship: _____

I wish to make no designation at this time

Signature of Patient/Parent/Guardian

Date

III. Designation of leaving personal health information on you answering machine

YES

NO

Signature of Patient/Parent/Guardian

Date