

NORTHERN VIRGINIA CENTER FOR ARTHRITIS, P.C.

PRIVACY POLICIES

Please sign below that you were offered a copy of our privacy policy notice.

Patient's Name Printed: _____

Patient's Signature: _____ Date: _____

- () Please check the box if you give Northern Virginia Center for Arthritis permission to share your protected health information with other health care professionals.
- () Please check the box if you give Northern Virginia Center for Arthritis permission to leave messages on your answering machine regarding appointments, test results, or other protected health information.
- () Please check the box if you give Northern Virginia Center for Arthritis permission to mail test results or other health information to you upon request.

My protected health information may be shared with the following person(s):

Privacy Officer's contact information
703-689-2050

Updated: 4/2018