



ENT AND ALLERGY SPECIALISTS

ENT and Allergy Specialists

Brian Broker, MD
Laurence Cramer, DO
Paul Swanson, MD
Carol Actor, MD
Geeta A. Bhargave, MD
Daniel P. Nadeau, MD

Bryn Mawr Office

825 Old Lancaster Rd.
Suite 300
Bryn Mawr, Pennsylvania 19010
610-415-1100

Phoenixville Office

826 Main St., Suite 201
Phoenixville, Pennsylvania 19460
610-415-1100

Pottstown Office

5 South Sunnybrook Rd.
Suite 300
Pottstown, Pennsylvania 19464
610-415-1100

East Norriton Office

342 West Germantown Pike
Suite 320
East Norriton, PA 19403
610-415-1100

Notice of Privacy Practices

Patient Name _____ DOB _____

I acknowledge that a copy of the Privacy Practices for ENT and Allergy Specialists was made available to me.

If I wish to allow a family member or friend to receive my personal protected health information, I must complete the HIPAA Disclosure Authorization Form below.

Date: _____

Patient Signature _____
(Must be 18 years of age or parent/legal guardian)

Signature of Parent or Legal Guardian _____

Witness Signature: _____

HIPAA Disclosure Authorization

I authorize ENT and Allergy Specialists to release my personal and protected health information to:

Physician or Healthcare Provider(s)

Address _____

Address _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Child _____

I choose not to have my medical information released to anyone but myself.

I have read the above and do not have any additional questions.

Date: _____

Patient Signature _____
(Must be 18 years of age or parent/legal guardian)

Signature of Parent or Legal Guardian _____

Witness Signature: _____