

Iler Consulting, L.L.C.
Brenda Stockdale
6030 Bethelview Rd.
Suite 403
Cumming, GA 30040
Office: 770.205.6068 Fax: 770.205.8470

Date: _____ Patients Name: _____

Initial

_____ : I have received a copy of Iler Consultings Notice of Privacy Practices (HIPAA)

_____ : I consent to allow Brenda Stockdale and staff to discuss my health issues with friends or family members or other health professionals that I have contact the office on my behalf.

_____ : I specifically also allow these listed people to discuss my health issues with Brenda Stockdale and staff:

_____ : I do not wish to have my health issues discussed with anyone other than myself. *(Only check this line if you are excluding the above 2 HIPAA consents)*

_____ : I have read and agree with the Disclosure and Consent form.

_____ : I have read and agree with the Policies and Procedures of Iler Consulting.

Patients Signature

Date