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HIPAA Guidelines

Please list any of your family members that you give any employee or physician at Sunny Isles Physicians the right to disclose any of your protected health information.

1. _____
2. _____
3. _____

Please list your current physician(s) that you give any employee or physician at Sunny Isles Physicians the right to disclose any of your protected health information.

1. _____
2. _____
3. _____

I consent as evidenced by my signature in this document.

Signature of Patient or Legal Guardian

Date

Name of Patient or Legal Guardian