

CLINIC FOR COLON & RECTAL SURGERY, P.A.

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William R. Nuessle, M.D.
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TELEPHONE CONSENT

I/we the undersigned, give prior express consent to Clinic for Colon & Rectal Surgery, P.A., its employees, and/or agents, to contact me at any/all phone numbers, including cell phone numbers, for the purpose of treatment, insurance and/or payment.

Signature

Date

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____ have available to me a copy of Clinic for Colon & Rectal Surgery, P.A.'s Notice of Privacy Practices.

Signature of Patient

Date

To whom may we release your medical information? Please mark appropriately.

_____ Relation _____

_____ Relation _____

_____ Relation _____

_____ Relation _____