

**CLINIC FOR COLON & RECTAL SURGERY, P.A.**

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*Robert H. Campbell, Jr., M.D.*  
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*Blake Spindler, M.D.*

**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 \_\_\_\_\_

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