



RHEUMATOLOGY · OSTEOPOROSIS & INFUSION CENTERS  
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### Patient Information Release

The Privacy Act of 1977 was designed to protect your privacy. It is to give you a feeling of security that when you visit our office, your medical affairs and financial affairs will not be discussed with anyone without your permission. This includes your spouse, family members, friends, and employer. In order for us to speak with anyone regarding your care, even in the event of an emergency, you must specify to whom we may speak.

If you wish for us to be able to release information regarding your care, please indicate below. Our staff cannot give out this information without your permission.

I give permission for the staff of Arthritis Consultants of Tidewater to discuss information indicated, regarding myself to:

Name	Relationship	Phone	Information to be released
_____	_____	_____	Medical / Financial
_____	_____	_____	Medical / Financial
_____	_____	_____	Medical / Financial
_____	_____	_____	Medical / Financial

Printed Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We ask that you update this information annually, or as circumstances change. Thank you.**

Updated: \_\_\_\_\_  
 Initials/Date                      Initials/Date                      Initials/Date                      Initials/Date

**\*\*\*THIS FORM IS GOOD FOR 1 YEAR FROM THE DATE OF SIGNATURE\*\*\***