HILLSBOROUGH MEDICAL ASSOCIATES, PA

HARPREET K BAGGA, MD
349 US HWY 206, HILLSBOROUGH, NJ 08844
PHONE: (908) 359-4150 FAX: (908) 359-9548

CONSENT TO SHARE HEALTHCARE INFORMATION WITH SOMEONE ELSE OTHER THAN YOURSELF

Patient Name: ---------- Date of Birth ----------

I hereby authorize Hillsborough Medical Associates to release my personal healthcare information relating to diagnosis, treatment, claims payment & other healthcare services provided to me to:

Name: ----------

Address: ----------

Relationship: ----------

Patient Signature: ----------

Date Signed: ----------

USE OF PHOTOGRAPH

I understand and agree that any patient photographs taken in connection with my medical treatment will be part of my patient record/EMR and will be used by the patient's healthcare provider for the purpose of identification.

Patient Name: ---------- Patient Signature: ----------

Parent/Guardian Name: ----------

Parent/Guardian Signature: ----------

Date Signed: ----------