

## HIPAA Disclosure

I authorize the release of any medical or other information necessary to process claims on my behalf under the provisions of HIPAA (see Privacy Notice). I acknowledge and accept the policies and procedures regarding HIPAA and Protecting Patients from Identity Theft. I agree to be fully responsible for all lawful debts incurred by myself for services received from Howard M. Mintz, M.D. whether covered by insurance or not. My spouse and estate assume all responsibility for these lawful debts in the case of my death, disability, or incapacity.

<input style="width: 100%; height: 20px;" type="text"/>	<b>X</b>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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