FOXHALL
INTERNISTS, P.C.

3301 New Mexico Avenue, N.W. • Suite 348
Washington, D.C. 20016
Phone 202.362.4467 • Fax 202.362.2303

Mary Restifo, M.D. • Alexander C. Chester, M.D. • Lawrence E. Klein, M.D. • Saulius Naujokaitis, M.D. • Andrew N. Umhau, M.D.
Richard D. Schubert, M.D. • Beth L. P. Ungar, M.D. • Theodore C.M. Li, M.D. • Linda L. Yau, M.D. • Kristin E. Thomas, M.D.
David M. Hansen, M.D. • Thomas L. Sacks, M.D. • Lucy M. McBride, M.D. • John A. Dooley, M.D.
Assil S. Saleh, M.D. • Joshua S. Yamamoto, M.D.

HIPAA NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

Signature below is only acknowledgement that you have received the Notice of Privacy Practices:

Signature______________________________Date___________Print Name:___________________________

I give permission for telephone messages regarding protected health information to be left at the following numbers (check all that apply and write down applicable telephone number on the following line):

___Home Number (including answering machine):_______________________

___Work Number (including voice mail):_______________________

___Cell Number (including voice mail):________________________

___Other Number:_______________________

Signature______________________________Date__________

By signing below, I give permission to **Foxhall Internists, PC** to discuss or release my Protected Health Information with the following persons:

Name:________________________________Relationship_____________________________

Name:________________________________Relationship_____________________________

Signature______________________________Date___________