



GUAM RADIOLOGY CONSULTANTS

633 Governor Carlos Camacho Road Suite 210
Telephone: 671-647-4601 Fax: 671-649-1009

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

I have received the notice of Guam Radiology Consultants privacy practices and have been provided an opportunity to review it.

PRINT NAME: _____

DOB: _____ **TODAY'S DATE:** _____

The following individuals are authorized to pick up any and all documents, films, discs, and/or correspondence on my behalf.

1) _____

2) _____

3) _____

This authorization is effective today and will be effective until Guam Radiology Consultants is provided a written notice to cancel this authorization. _____(initial)

All authorized representatives named above are required to provide government issued identification to execute this authorization. _____(initial)

SIGNATURE: _____