

**Park Medical Associates, L.L.C.**  
Johns Hopkins at Green Spring Station  
10755 Falls Road, Suite 200  
Lutherville, MD 21093  
410-583-7111

**WRITTEN ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES OFFERED**

I, \_\_\_\_\_ have been offered a copy of Park Medical Associates  
(Please print)  
Notice of Privacy Practices. This notice is also available on our website at [www.parkmedical.net](http://www.parkmedical.net).

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

**PATIENT CONSENT FORM**

**Authorization for Release of Protected Health Information to a Trusted Individual (Family Member, Friend, etc.)**

I do NOT want my information released to any individual.

I authorize Park Medical Associates to tell the Trusted Individual(s) named below about my prognosis and treatment plans, diagnosis, test findings, radiology reports and laboratory results either in person or by telephone. The Individual is also authorized to order my medication refills.

**Trusted Individual Information: (please print clearly)**

Name: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Phone \_\_\_\_\_

**Consent to Email Communication between Patient and Park Medical Associates Doctors and Staff**

By providing my email address below I am consenting to sending and receiving email from the Doctors and/or Staff. Emails could consist of (but are not limited to) having test results or other information or forms sent to me at my request, and/or communications between myself and my doctor (if the Doctor uses email for communication). **We are committed to keeping your email address confidential.**

I agree that I will NOT use email to communicate any urgent matters to the Doctors or Staff.

I understand that email between Park Medical Associates is secure when sent but not encrypted and therefore is potentially accessible to third parties.

I understand that on my end, anyone who has access to my email account or my unsecured electronic devices will potentially have access to emails sent between Park Medical Associates and myself.

Use of email and its risks are further spelled out in our Notice of Privacy Practices detailed at the top of this page and available in its entirety on our website [www.parkmedical.net](http://www.parkmedical.net)

I decline the use of email.

I consent to the use of email. My email address is \_\_\_\_\_

**PLEASE PRINT VERY CLEARLY!**