

Milne Medical Center

2110 Pinto Lane
Las Vegas, NV 89106
(702) 385-1393

Patient Confidentiality Form

I _____ give my permission to Milne Medical Center
to speak to _____ name of person
relationship to me _____ regarding my health condition and treatment plans.

I understand the HIPPA laws and do fully release Milne Medical Center
from any confidentiality restriction with regards to my care.

_____ name _____ date

Additonal family members who may receive my health information.

_____ relationship _____
