



2100 Central Avenue Suite 6
Augusta, Georgia 30904
Tel: (706) 364-3461 | Fax: (706) 364-3481

CONFIDENTIALITY STATEMENT

For Patients, Visitors, and/or Guests

As a patient, visitor, or guest at Ivy Collaborative Healthcare, I understand that Federal Regulations on Confidentiality require that I not reveal the identity of any person I may see or the identity of any person's record that I may see while at the office.

I understand that any disclosure of patient information, including the person's presence in treatment, or any description of any person, without expressed written consent from that person (or the person's legal guardian if they are a minor), may be interpreted as a Federal Criminal Offense.

I agree to maintain patient confidentiality.

Signature_____ **Date**_____

Printed Name_____

If the patient is a minor, please print & sign your name below:

Witness_____