



Fiat Family Medicine

Robert Pranger, MD  
 Katie Weigel, FNP-BC  
 Elizabeth Myhr, FNP-BC  
 220 Southbrooke Dr.  
 Waterloo, IA 50702  
 Phone: 319-236-7751  
 Fax: 319-236-7753

**Patient Communication Form for Privacy Practices**

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

This Authorization grants permission to the Designated Party(s) named below to: make or confirm appointments; have access to imaging, laboratory, or other test findings; have access to telephone communication and answering machine messages as well as other common means of communication; pick up sample medications; be made aware of my diagnosis, prognosis, and treatment plans; and/or have access to my financial health information at this practice in order to assist with the management of my care.

**I hereby authorize Fiat Family Medicine to use and disclose my individually identifiable health information as described above.** I understand that this authorization is voluntary. I understand once this information is disclosed to the Designated Party(s) named below, the released information may no longer be protected by federal privacy regulations.

_____ Name	_____ Phone	_____ Relationship
_____ Name	_____ Phone	_____ Relationship
_____ Name	_____ Phone	_____ Relationship

I choose no to release my information to anyone.

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

This consent will be in effect beginning \_\_\_\_\_ and ending \_\_\_\_\_, or until revoked by me in writing.