

W. Daniel Zant, Jr MD

1820 Bethany Rd.
Madison, GA 30650
706-342-1555

Beth Cathey, PA-C

W. Daniel Zant, Jr MD

Ashley Long, PA-C

I have read a copy of the Notice of Privacy Practices of W. Daniel Zant, Jr MD PC, **and/or** may receive a copy to read at my request. I understand that if changes are made to this Notice, a revised copy of the Notice will be posted and that if I wish to receive copies of this Notice or have questions regarding same, I may contact Jenny Dunn at 706-342-1555 at 1820 Bethany Rd. Madison, GA 30650.

I (patient)_____ date of birth_____

SSN_____ race_____

Authorized by my signature below that representatives of W. Daniel Zant, Jr MD PC may report test results to or discuss personal medical information with the following person:

Name_____ phone_____ relationship_____

Name_____ phone_____ relationship_____

Name_____ phone_____ relationship_____

Signature (parent or guardian_

X_____ date_____

My preference for communication including test results or discussion of my business with W. Daniel Zant, Jr MD PC are

Home phone _____ voicemail okay _____ (initial)

Cell _____ text okay _____ (initial)

Email _____ (initial)