



# Surgical Associates

OF VENICE & ENGLEWOOD

436 Nokomis Avenue South  
 Venice, FL 34285  
 Phone 941-488-7742  
 Fax 941-484-7756

Sidney W. Holec, M.D., F.A.C.S.  
 Bryan L. Smith, M.D., F.A.C.S.  
 Issam A. Halaby, M.D., Ph.D., F.A.C.S.  
 Christopher M. Willkomm, M.D.

Patient Name \_\_\_\_\_

In response to the Health Insurance Portability and Accountability Act, Surgical Associates of Venice & Englewood would like permission to disclose your confidential information and request that the following determinations are made which give us guidelines as to who you would like to have access to your confidential information.

Please place an X on the line(s) beside each name to advise as to what information we are permitted to share with each individual. We do NOT need the names of your physicians or Healthcare facilities, ONLY the names of your family and/or friends.

	Appointment	Financial	Medical
Name(s) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the only way to change the permissions given above is to complete and sign a subsequent form. In addition, I agree that Surgical Associates of Venice & Englewood may leave appointment information on my home answering machine.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_