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**Henry H. Nguyen, M.D.**  
*Diplomate - American Board of Otolaryngology*

**HIPPA CONSENT FORM**

PLEASE PRINT NAME: \_\_\_\_\_

**TEST RESULTS**

I give my permission to release to the below named persons, any lab results, test results, medical records, or general medical information from my physician, Dr Henry H. Nguyen.

NAME: \_\_\_\_\_

**PRESCRIPTIONS**

I give my permission for these named persons to pick up any prescriptions given to me by my physician, Dr Henry H. Nguyen.

NAME: \_\_\_\_\_

**PHARMACY**

I give my permission for Dr. Henry H. Nguyen and staff to call in prescriptions to my named pharmacy.

PHARMACY: \_\_\_\_\_

**MINOR CHILD CONSENT:**

I, being the parent/guardian of \_\_\_\_\_, do hereby request and authorize the medical staff to perform necessary medical services for my child, including but not limited to administration of anesthetics which are deemed advisable by the doctor whether-or-not I am present at the actual appointment when the treatment is rendered.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY AND PRACTICES:**

I hereby acknowledge that I have received a copy of the "Notice of Privacy Practices" adopted by ENT & SINUS CENTER, P.C. I understand that if I have any questions about the "Notice of Privacy Practices," I may contact the Practice Compliance Officer at (256) 880-8776. The address of ENT & SINUS CENTER, P.C. is: 333 Whitesport Drive, Suite 103, Huntsville, AL 35801.

\_\_\_\_\_  
PATIENT'S SIGNATURE OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE