



**Edward W. Skorpinski, MD**  
**Tullyview Allergy, P.C.**

1030 Reed Avenue, Suite 108  
Wyomissing, PA 19610  
Phone: 610-478-4033 Fax: 610-374-1115

*Providing Allergy/Asthma/Immunology care for the entire family*

*We will take all precautions to protect your Privacy when it comes to your health information. We do reserve the right to furnish information to insurance companies and pharmacies regarding treatment.*

*Please list below anyone over the age of 18 who may have access to your health information. Include any family members who may call to make appointments for the patient, pay invoices for the patient, as well as including any family members who may bring minor children to appointments or allergy shots.*

I, \_\_\_\_\_ *(Patient Name or Parent/Guardian)*, have read and understand the Notice of Privacy Practices of Tullyview Allergy, P.C.

*I authorize the following individuals to have access to my, (or my child's health information, in the event of a minor), health information. In the event of a minor, this notice also serves as Permission for the Treatment of Minors:*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

***Please inform our office if messages cannot be left on the answering machine regarding appointments. Thank you.***

\_\_\_\_\_  
*Signature*

*Date:* \_\_\_\_\_