



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. A copy of our complete Privacy Practice can be found on our website, or you can request a printed copy from our office for your records.

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*), 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. _____

Our office may leave detailed messages on answering machines unless you call the office to inform us that you would prefer no messages be left on answering machines. Thank you.

Signature/Parent or Guardian Signature

Date: _____