

TROY LAMAR, M.D. INC.  
51 NORTH FIFTH AVENUE, SUITE 202  
ARCADIA, CA 91006  
PHONE: (626)445-0600  
FAX: (626)574-8654

I have been presented with a copy of Troy LaMar, M.D. Inc "Notice of Privacy Policies, detailing how my information may be used and disclosed under federal and state law. I understand the contents of the Notice, and I request the following restriction (s) concerning my personal information:

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Further, I permit a copy of this authorization to be used in place of the original.

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Signed

Date

If not signed by patient, please indicate relationship to the patient (e.g., spouse)

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Relationship

Witnessed By

**INTERNAL USE ONLY:**

If patient or patient's representative refuses to sign acknowledgment of receipt of notice, please document the date and time the notice was presented to the patient and sign below:

Presented on (date and time): \_\_\_\_\_

By: (name and title): \_\_\_\_\_