



**384 Lowell Street Suite 106  
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We have always regarded all medical and personal information as completely confidential. As a result, many of the new federal mandates have not changed the way we handle your information other than to tell you how we protect it.

Our policy insures that your protected health information remains confidential.

Your signature below indicates that you have seen and been provided with a copy of our privacy policy.

Patient Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

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