

Namita Rajouria-Malla, M.D.

Family Psychiatry of Georgia

4180 Providence Rd, #101, Marietta, GA 30062

Tel (678) 500-8510

Fax (678) 500-9846

info@drNamitaRMalla.com



Privacy Questionnaire

Patient Full Name: _____ DOB: _____

Current Address: _____

Please review and answer the following questions regarding how you would like us to contact you:

1. I give consent to receive automated text and voicemails in the phone number below.

Phone number: _____

2. I give consent to receive reminder email in the email address below.

Email: _____

I understand that emails are only for non-medical correspondence. I will not hold FPGa responsible for any medical questions/documents that I send via unsecured emails.

Authorization Signatures:

Your signature below further indicates your understanding that this authorization will be valid for a period of one year from today's date and will expire at the time unless another form completed. You may revoke or request changes to this authorization at any time by completing a new Privacy Questionnaire.

Patient/Legal Representative Name (p rint)

Signature

Date

Relationship to Patient

Reason Patient is unable to sign.