## NORTH SHORE INFECTIOUS DISEASES CONSULTANTS, P.C. 44 South Bayles Avenue

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Patient's Name:	
I have received a copy of the Notice Consultants, PC	e of Privacy Practices of North Shore Infectious Diseases
I, hereby give you permission to spo of my medical issues:	eak to the people I have listed below, regarding any
Name:	Relationship:
Signature:	Date: