Richard D. Hamilton, O.D., P.A.
Alex F. Falb, O. D.
Allan O. Dean, O.D.
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Tallahassee, FL. 32308
Phone (850) 385-4444 Fax (850) 386-5383

Confidentiality Agreement

Name: _____ DOB: _____

I authorize Dr. Hamilton, Dr. Falb, and/or Dr. Dean along with any other qualified staff member to discuss my medical condition, billing information, and/or release a prescription with/to the following person(s):

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

_____ I **do not** authorize any person(s) access to any of the above mentioned information

Patient/Guardian's
Signature: _____ Date: _____