



THE MEN'S CLINIC - MADISON

WWW.THEMANTHING.COM

MADISON, MS

## PRIVACY PRACTICE FORM

I have received or reviewed the privacy practice notice for The Men's Clinic - Madison and I understand the situations in which this practice may need to utilize or release my medical records. I understand that this office will properly maintain my records and will use all due means to protect my privacy as outlined in the The Men's Clinic - Madison privacy statement.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_