

John Kiely, M.D., Chartered

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Patient Authorization

Due to the new federal patient confidentiality laws (HIPPA), this office will need your permission to do the following:

Confirm appointments via telephone: Yes No

Leave messages:

Name of person(s): _____
(Other than patient)

Answering machine

No one

Anyone

By signing this authorization form, I full understand that I am giving the office of Dr. John Kiely, M.D., Chartered, permission to do the above. I may cancel or change this authorization at anytime.

Patient's Signature