

**SURGICAL ASSOCIATES OF PALM  
BEACH COUNTY/BOCACARE**

670 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33431-6464  
561-395-2626

**NOTICE OF PRIVACY PRACTICES**

I have been informed that a copy of Surgical Associates of Palm Beach County/  
BocaCare's **Notice of Privacy Practices** is posted and is available to me upon my  
request.

**AUTHORIZATION FOR PATIENT CONTACT**

I, the undersigned, do hereby authorize Surgical Associates of Palm Beach County/  
BocaCare to contact me by:

Telephone: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Fax: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

I, the undersigned, do hereby authorize Surgical Associates of Palm Beach County/  
BocaCare to contact and/or discuss my healthcare with the following **alternative  
source** (example: family member, etc.).

\_\_\_\_\_  
**Alternative Source Name: (Please Print)**

\_\_\_\_\_  
**Relationship to the Patient**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Patient Signature:**

\_\_\_\_\_  
**Print Name:**

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