# patientprivacyrights

| Provider | Phone | Consent Form Submitted Y(date)/N | Signed Y(date)/N | AMA Opt Out Form Submitted Y(date)/N | Signed Y(date)/N |
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Use this form to keep track of which physicians have received and signed your Consent Form and AMA Opt Out Form.
You can view and print more forms at www.patientprivacyrights.org/Toolkit