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**Don't** Assume No News is Good News.

**NO** Abnormal Results Will Be Given Over The Phone

In an effort to comply with HIPAA guidelines and the policy of this office  
**NO** abnormal results will be given over the phone.

A follow-up appointment with the Doctor or Nurse Practitioner will need  
to be made to discuss the results.

By signing this form, I agree to comply with this policy.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_