

**POINTE MEDICAL SERVICES, INC.
POINTE MED PHARMACY, INC.
GARY C. BERNARD, M.D.
1996 KINGSLEY AVENUE
ORANGE PARK, FL 32073
(904) 276-5700**

FAX PRIVACY WAIVER FORM

I understand that my medical records may be transmitted electronically by fax and may be received in error by a third party. In the event that this should occur I absolve Pointe Medical Services, Inc. and Pointe Med Pharmacy, Inc. of all liability. I give consent to fax my records for the purposes of treatment, payment for treatment, administrative purposes, and/or other healthcare operations. However, I may withdraw this consent at any time in writing.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date