

**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.**

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**Signature of Patient or Personal Representative**

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**Printed Name of Patient or Personal Representative**

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**Date**