

[PROPRIETARY: AAC prototype 11/13/06]

Acknowledgement and Agreement: Patient's Protocol for Records Preservation

I, _____, patient of Dr. Alan Cross, do hereby acknowledge I have read and understand the doctor's protocol for the preservation of patient records. I agree to inform Dr. Cross's office of any address changes, and acknowledge that all requests for records, either by me or by my representatives, must be in writing. I agree that the doctor's office may comply with all statutory notification requirements to me by regular mail to my indicated address.

Signature of Patient

Address of Patient

Date