

North Hills Surgery Center, L.L.C.
3271 N. Wimberly Dr.
Fayetteville, AR 72703
479-713-6100

Disclosure of Information and Release to Photograph

I _____ give permission to North Hills
Surgery Center to disclose information regarding my account to the following
individuals:

I authorize North Hills Surgery Center to take my picture or my child's picture to assist in preventing Medical Identity theft.

Patient or Guardian Signature

Date

Witness

Date