

# How was your visit?

# ZocDoc

Provider Name (First and Last): ~~Kemberly Palomeque~~

Patient First Name: Kemberly Palomeque

Patient Last Initial: P

Written reviews require your first name and last initial to appear next to this review on the ZocDoc website.

## What did you think about your visit?

Staff and Doctor are very helpful and respectful.

## Would you recommend this professional?

- ★★★★★ Highly Recommended     ★★★★☆ Probably     ★★★☆☆ Maybe     ★★☆☆☆ Probably Not     ★☆☆☆☆ Never

## How would you rate this professional's bedside manner?

- ★★★★★ Excellent     ★★★★☆ Good     ★★★☆☆ Satisfactory     ★★☆☆☆ Unsatisfactory     ★☆☆☆☆ Awful

## How long was the wait time in the office before you were seen?

- ★★★★★ Right Away     ★★★★☆ Less than 30 minutes     ★★★☆☆ Between 30 and 60 minutes     ★★☆☆☆ Over 1 hour     ★☆☆☆☆ Over 2 hours

By signing this form you acknowledge that your provider gave you an authorization form explaining how this information would be used and processed (including outside of the United States), and that you have signed and returned that authorization.

Signature: 

Date: 8/22/18

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▶ Please return this form by fax to (800) 701-9607 or by email to [service@zocdoc.com](mailto:service@zocdoc.com)

# AUTHORIZATION FOR PROMOTIONAL/MARKETING USES AND DISCLOSURES

## AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

This is an important document. Please read carefully and only sign if you feel comfortable doing so.

You are a patient of Mohammad M. Alam (your "Physician") at Family Medicine and Geriatrics (our "Medical Group"). Our Medical Group is listed on a physician-searching website, called ZocDoc. Patients, such as you, can use ZocDoc to find doctors and schedule appointments. ZocDoc encourages physicians who are listed on its website to share patient reviews so that potential patients can consider this feedback in choosing a potential physician. You are being asked by the Medical Group to complete a Patient Feedback Form about your Physician and to let our Medical Group share that Patient Feedback Form with ZocDoc to market the services that your Physician provides. The Patient Feedback Form will contain information that could identify you (such as your name) and may reveal information about your health, for example, the type of doctor you are seeing. It will also include the feedback information that you choose to provide.

By signing this form, you allow the Medical Group to disclose the Patient Feedback Form to ZocDoc. The Medical Group will not disclose, pursuant to this authorization, any additional information besides what is on the Patient Feedback Form. Once ZocDoc receives your Patient Feedback Form, you understand that it will decide whether to post your feedback on its website. If it does post the feedback, your first name and last initial may also be disclosed along with any other information in the Patient Feedback Form. Your decision to sign this permission form allows ZocDoc to use and share your Patient Feedback Form in connection with marketing the Physician and Medical Group's services. You understand and agree that ZocDoc may process the Patient Feedback Form outside of the United States.

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It is important to remember that not signing this form or later canceling your permission will not affect your health care treatment from your Physician, payment for health care from a health plan, or your ability to get health plan benefits.

**I have read this form. I understand it and agree to its terms.**



Your Signature or Your Personal Representative's\* Signature

8/22/18

Date

Kemberly Palomeque

Print Your Name or the Name of Your Personal Representative\*

\* My authority to sign as the Personal Representative of the Persons giving this permission is as:

Parent  Legal Guardian  Power of Attorney  Other

Revocation Contact Person:

# How was your visit?

# ZocDoc

Provider Name (First and Last): Mohammad Azam

Patient First Name: Aysha Patient Last Initial: A

Written reviews require your first name and last initial to appear next to this review on the ZocDoc website.

## What did you think about your visit?

Excellent

## Would you recommend this professional?

- Highly Recommended
- Probably
- Maybe
- Probably Not
- Never

## How would you rate this professional's bedside manner?

- Excellent
- Good
- Satisfactory
- Unsatisfactory
- Awful

## How long was the wait time in the office before you were seen?

- Right Away
- Less than 30 minutes
- Between 30 and 60 minutes
- Over 1 hour
- Over 2 hours

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Signature: ABK

Date: 3/14/17

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**I have read this form. I understand it and agree to its terms.**

A. Akter

Your Signature or Your Personal Representative's\* Signature

3/14/17

Date

Aysha Akter

Print Your Name or the Name of Your Personal Representative\*

\* My authority to sign as the Personal Representative of the Persons giving this permission is as:

Parent  Legal Guardian  Power of Attorney  Other

Revocation Contact Person:

# How was your visit?

# ZocDoc

Provider Name (First and Last):

Patient First Name: TERESA

Patient Last Initial: D

Written reviews require your first name and last initial to appear next to this review on the ZocDoc website.

## What did you think about your visit?

Very PASSionate

## Would you recommend this professional?

★★★★★ Highly Recommended     ★★★★☆ Probably     ★★★☆☆ Maybe     ★★☆☆☆ Probably Not     ★☆☆☆☆ Never

## How would you rate this professional's bedside manner?

★★★★★ Excellent     ★★★★☆ Good     ★★★☆☆ Satisfactory     ★★☆☆☆ Unsatisfactory     ★☆☆☆☆ Awful

## How long was the wait time in the office before you were seen?

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Signature: *Zereez*

Date: 3/17/17

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**I have read this form. I understand it and agree to its terms.**

Your Signature or Your Personal Representative's\* Signature

Date

DE LA ROSA, TERESA

Print Your Name or the Name of Your Personal Representative\*

\* My authority to sign as the Personal Representative of the Persons giving this permission is as:

Parent  Legal Guardian  Power of Attorney  Other

Revocation Contact Person:

# How was your visit?

# ZocDoc

Provider Name (First and Last):

Patient First Name: *TEJEDA*

Patient Last Initial: *G*

Written reviews require your first name and last initial to appear next to this review on the ZocDoc website.

## What did you think about your visit?

*Excellent bedside manner*

## Would you recommend this professional?

- ★★★★★ Highly Recommended     ★★★★☆ Probably     ★★★☆☆ Maybe     ★★☆☆☆ Probably Not     ★☆☆☆☆ Never

## How would you rate this professional's bedside manner?

- ★★★★★ Excellent     ★★★★☆ Good     ★★★☆☆ Satisfactory     ★★☆☆☆ Unsatisfactory     ★☆☆☆☆ Awful

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Signature: *Lalada Guevara*

Date: *3/17/17*

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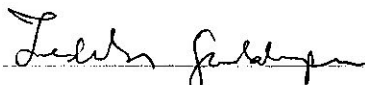
You are a patient of \_\_\_\_\_ (your "Physician") at \_\_\_\_\_ (our "Medical Group"). Our Medical Group is listed on a physician-searching website, called ZocDoc. Patients, such as you, can use ZocDoc to find doctors and schedule appointments. ZocDoc encourages physicians who are listed on its website to share patient reviews so that potential patients can consider this feedback in choosing a potential physician. You are being asked by the Medical Group to complete a Patient Feedback Form about your Physician and to let our Medical Group share that Patient Feedback Form with ZocDoc to market the services that your Physician provides. The Patient Feedback Form will contain information that could identify you (such as your name) and may reveal information about your health, for example, the type of doctor you are seeing. It will also include the feedback information that you choose to provide.

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**I have read this form. I understand it and agree to its terms.**



Your Signature or Your Personal Representative's\* Signature

3/17/17

Date

TEJEDA GUADALUPE

Print Your Name or the Name of Your Personal Representative\*

\* My authority to sign as the Personal Representative of the Persons giving this permission is as:

Parent  Legal Guardian  Power of Attorney  Other

Revocation Contact Person:



# How was your visit?

# ZocDoc

Provider Name (First and Last):

Patient First Name: *NORMAN*

Patient Last Initial: *R*

Written reviews require your first name and last initial to appear next to this review on the ZocDoc website.

What did you think about your visit?

*Attentive to Detail*

Would you recommend this professional?

★★★★★  
Highly Recommended

★★★★★  
Probably

★★★☆☆  
Maybe

★★☆☆☆  
Probably Not

★☆☆☆☆  
Never

How would you rate this professional's bedside manner?

★★★★★  
Excellent

★★★★★  
Good

★★★☆☆  
Satisfactory

★★☆☆☆  
Unsatisfactory

★☆☆☆☆  
Awful

How long was the wait time in the office before you were seen?

★★★★★  
Right Away

★★★★★  
Less than  
30 minutes

★★★☆☆  
Between  
30 and 60 minutes

★★☆☆☆  
Over 1 hour

★☆☆☆☆  
Over 2 hours

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Signature: *Norman*

Date: *3/17/17*

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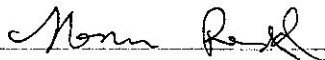
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Your Signature or Your Personal Representative's\* Signature

3/17/17

Date

NORMAN REDD

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Revocation Contact Person: