

When you visit our office, it is very important that you feel safe in telling your doctor personal information that may be required to fully diagnose or treat a problem. As medical professionals, please be assured that our practice has always had strict policies and procedures to protect the confidentiality of the information that you have entrusted to us. However, on April 14, 2003, new regulations became effective under a federal law called the Health Insurance Portability and Accountability Act ("HIPAA"). HIPAA regulations cover physicians and all other health care providers, health insurance companies and their claims processing staffs.

RELEASE OF INFORMATION

(PLEASE MARK YOUR PREFERENCES WITH A CHECK MARK)

I authorize the release of information including the diagnosis, records, examination rendered to me, and claims information. This information may be released to:

- Spouse _____
- Child(ren) _____
- Other _____

Information is not to be released to anyone.

THIS RELEASE OF INFORMATION WILL REMAIN IN EFFECT UNTIL TERMINATED BY ME IN WRITING.

MESSAGES

Please call (select all that apply):

- My home _____
- My work _____
- My cell number _____

If unable to reach me you may leave a detailed message please leave a message asking me to return your call

I ACKNOWLEDGE THAT I HAVE BEEN MADE AWARE OF THIS PRACTICE'S NOTICE OF PRIVACY PRACTICES AND HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS.

PATIENT NAME (PRINT): _____

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE:

_____ DATE: _____

IF PERSONAL REPRESENTATIVE, GIVE RELATIONSHIP TO PATIENT: _____