



AFFINITY

H E A L T H G R O U P

Improving Lives, Improving Care

CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). HIPAA's privacy rules generally give you the right to request a restriction on uses and disclosures of your protected health information (PHI). You are also provided the right to request confidential communication or that a communication of PHI be made by alternative means, such as sending correspondence to your office instead of your home. To better serve you, please complete the following:

PLEASE CONTACT ME IN THE FOLLOWING MANNER:

VERBAL COMMUNICATION:

Home / Cell / Work

Please Identify Your Preferred Phone Number: (____) ____-_____

- Leave message with detailed information.
- Leave message with call back number only.

WRITTEN COMMUNICATION:

- Mail to this address: _____
- Fax to this number: _____
- Email address: _____

FAMILY MEMBER(S) OR FRIEND(S) WITH WHOM WE MAY DISCUSS YOUR MEDICAL CONDITION:

- Name: _____ Address: _____ Relationship: _____
- Name: _____ Address: _____ Relationship: _____
- Name: _____ Address: _____ Relationship: _____
- Name: _____ Address: _____ Relationship: _____

I understand it is my responsibility to provide this office with written changes to the release of my PHI.

Patient's Printed Name: _____

Patient Signature: _____ Date: _____