



HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information

Do We Have Permission To:

Leave test results or appointment confirmations on your

Answering machine at home? YES NO

Leave a message at your place of employment YES NO

Leave a message, test results, or appointment confirmations YES NO

On your cell phone voice mail?

Fax copies of your results to another physician if necessary? YES NO

Call or text you with a reminder of your appointment or to request a survey? YES NO

I hereby authorize all medical service sources and health care providers to use and/or disclose my protected health information (PHI)

I hereby authorize the release of my PHI as follows (check one):

_____ My complete health record (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse.

_____ My complete health record (with the exception of the following information):

- _____ Mental Health Records
- _____ Communicable diseases (including HIV and AIDS)
- _____ Alcohol/drug abuse treatment
- _____ Other (please specify)

In addition to the authorization of my personal health information, I authorize disclosure of information regarding my billing, condition, treatment and prognosis to the following individual(s):

NAME: _____ Relationship _____

NAME: _____ Relationship _____

NAME: _____ Relationship _____

I allow PrimeCare Medical Group to view my prescription history from an external source

_____ Initial here

Self Paid (non-insured) Patients Only

I certify that I do not have insurance benefits and that I will not be filing to an insurance company for reimbursement of these charges.

_____ Initial here

Insured Patients Only

I authorize payment of medical benefits to Prime Care Medical Group. I understand that I may be responsible for any amount not paid by my insurance company if they are deemed non-covered items.

_____ Initial here

Signature of Patient

Date

Print Name
revised 3-2015

Relationship to Patient