

Ithaca Orthopaedic Group, PC

HIPAA AUTHORIZATION

Please list anyone that you authorize us to share your private health information with:

(Parent, Spouse, significant other, etc)

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Please select below how we may communicate with you regarding your private health or appointment information:

Certain messages may contain medical information (IE: diagnostics or prescriptions) or can be more generic in nature (IE: appointment reminders or rescheduling).

I consent to have staff inform me or authorized individuals above using the following methods,

Please check all that apply:

Private Health Information: HOME/ANS MACHINE CELL PHONE OFFICE VOICEMAIL ANOTHER PERSON MAIL EMAIL

Non-Medical Information: HOME/ANS MACHINE CELL PHONE OFFICE VOICEMAIL ANOTHER PERSON MAIL EMAIL

EXPIRATION DATE OF AUTHORIZATION

This authorization is effective indefinitely unless revoked or terminated in writing by the patient or the patient's legal guardian. This authorization automatically revokes when minor child reaches age 18.

Name of Patient (Print or Type)

DOB

Signature:

Signature of Patient, Parent or Guardian

Date

Relationship of Patient Representative to Patient

RIGHT TO TERMINATE OR REVOKE AUTHORIZATION

You may revoke or terminate this authorization by submitting a written revocation to Ithaca Orthopedic Group, PC. You should contact the Office Manager to terminate this authorization.

POTENTIAL FOR RE-DISCLOSURE

Information that is disclosed under this authorization will not be disclosed again by Ithaca Orthopedic Group, PC. to any other person or organization unless it is permissible by law or in conjunction with your healthcare operations such as your Primary Care Physician, Pharmacy, Physical Therapist, NYS Department of Health, etc.

RIGHTS OF THE INDIVIDUAL

* You may inspect or copy information used or disclosed under this authorization.

* You may refuse to sign this authorization