



Disclosure Consent Form

This form will be retained in your medical record.

In accordance with the HIPAA Privacy Regulations, applicable state laws, and our Notice of Privacy Practices, the Company is required to maintain the privacy of your protected health information.

In order for us to better protect your privacy, your health information and account information will be discussed with those you choose to receive such information. This consent terminates after my relationship with the Company has ceased. I may revoke my consent by calling my Company Center and making this request. I understand that I may revoke this consent except to the extent that action has already been taken based on this authorization.

I hereby authorize the following individual(s) to receive verbal and/or written communications from the Company that may include health and/or account information about me:

Individual's Name Relationship to patient

Individual's Name Relationship to patient

(If additional names need to be included, please attach a separate sheet to this form, or write on the back)

I hereby authorize the following health information to be included in my health and/or account information that is released to the individual(s) above (indicate release of the specific health information by initiating).

- Alcohol/Drug Treatment Mental Health Information
HIV-related Information

I authorize the Company to leave voice mail messages concerning my health information (i.e., test results, appointments/visits, etc.) at the following number:

Phone: ( )

This acknowledgement must be completed and signed by the patient/beneficiary. If the patient is unable to sign this consent form then the patient's power of attorney may complete and sign it.

Signature of Patient (or Power of Attorney) Date

For Office Use Only

I attempted to obtain written consent for disclosures of protected health information, but the consent could not be obtained because:

- Individual refused to sign
Communication barriers prohibited obtaining acknowledgement
An emergency situation prevented us from obtaining the consent
Other (Please specify)

