



HIPAA Disclosure

I give the following person(s) permission to communicate with the providers and office staff on my behalf; in accordance with HIPAA (Health Insurance Portability and Accountability Act).

HIPAA Representative / Emergency Contact	Phone Number

Health Information Exchange

In addition, we participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying a member of our staff.

Medication Refills

Medications are refilled Monday – Friday, 8am – 4pm. Medications will **not** be refilled at a procedure appointment. Allow 1-2 business days for the request to be processed then please follow-up with your pharmacy.

Certain medication refills will only be given during an office appointment. Please discuss any refill needs at that time.

Missed appointments will prohibit any medication refills until an appointment has been completed with your provider.

Privacy Notice

I certify that I have had an opportunity to review and/or obtain my own copy of the practice’s Privacy Notice.

I _____, have read and accept the conditions of the
(Print Name)

HIPAA Disclosure, Health Information Exchange, Medication Refills and Privacy Notice:

Patient / Responsible Party Signature

Date