## Uses and Disclosures of Your Protected Health Information (PHI)

I understand that as part of my health care, the practice originates and maintains paper and/or electronic records describing my health history, symptoms, examination, test results, diagnoses, treatment and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the health professionals who contribute to my care, such as referrals
- A source of information for applying my diagnosis and treatment information to my bill
- A means by which a third-party payer can verify that services billed were actually rendered
- A tool for routine health care operation, such as assessing quality and reviewing the competence of staff

I have been provided with a "Notice of Patient Privacy Practices" that provides a more complete description of information uses and disclosures.

Tell us with whom we may discuss your protected health information: (Name and relation - Example: Jane Doe, Wife; Jan Doe, Daughter) \_

## **Messages or Appointment Reminders**

Messages will be of a non-sensitive nature, such as, appointment reminders.

May we leave a message on your voice mail using doctor's/practice name?	🖵 Yes	🖵 No
May we leave a message with another individual using doctor's/practice name?	🖵 Yes	🖵 No
May we leave a message at your work using doctor's/practice name?	🖵 Yes	🖵 No

I understand that as part of treatment, payment or health care operations, it may become necessary to disclose health information to another entity, e.g. referrals to other health care providers. I understand that my information may be used or disclosed, without an authorization, as permitted or required by law.

Patient/guard	lian signature
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Print name of person signing

If other than the	patient (patient name)
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is signing, are you the legal guardian, custodian, or have Power of Attorney for this patient, for treatment, payment or health care operations? Yes No



Date