



HIPAA POLICIES

Patient's Name: _____

HIPAA Policy:

Patients over the age of 18 are protected under the Federal Health Insurance Portability and Accountability Act. This Federal Law prohibits any staff member of Pediatric Gastroenterology Associates from discussing appointments, medication, test results or treatment plans with anyone other than the patient. Often, this causes difficulty for some patients who would like family members or caretakers to obtain information for them.

If you would like to permit someone to discuss your medical condition, confirm appointments or obtain results for you, please indicate their name(s) below. Only these individuals will be provided with information. Should you wish to update the names provided below, please ask the receptionist for a HIPAA form.

	<u>Name if individual (please print)</u>	<u>Relationship to Patient</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

COMMUNICATION WITH THE OFFICE

Office Appointments

We will contact you regarding your Office Appointments using all the methods you place an **X** in below.

- Home phone
- Mobile Phone
- Work phone

Medical Information

We will contact you regarding your Medical Information using all the methods you place an **X** in below.

- Home Phone
- Mobile Phone
- Work Phone

Parent/Guardian Name: _____

Signature: _____

Today's Date: _____

I acknowledge and understand the above HIPAA policies and have received a copy of the practice Notice of Privacy Practices related to the Health Insurance Portability and Accountability Act 1996.