

Confidentiality and Non-Disclosure Agreement

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means.

CONTACT INFORMATION (FILL OUT ALL THAT APPLIES)

HOME PHONE:	<input type="checkbox"/> OK TO LEAVE DETAILED MESSAGE <input type="checkbox"/> LEAVE CALL BACK NUMBER ONLY
CELL PHONE:	<input type="checkbox"/> OK TO LEAVE DETAILED MESSAGE <input type="checkbox"/> LEAVE CALL BACK NUMBER ONLY
WORK PHONE:	<input type="checkbox"/> OK TO LEAVE DETAILED MESSAGE <input type="checkbox"/> LEAVE CALL BACK NUMBER ONLY
Please Note: Peter Grant, MD will mail notification letters for results that are within normal limits to the listed mailing address, unless otherwise specified by the patient.	
MAILING ADDRESS:	<input type="checkbox"/> OK TO SEND DETAILED MESSAGE <input type="checkbox"/> REQUEST TO CONTACT US ONLY
PLEASE CHOOSE PREFERRED NUMBER FOR AUTOMATED APPOINTMENT CONFIRMATION CALL. (SELECT ONE ONLY)	
	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK

I GIVE PETER GRANT, MD PERMISSION TO DISCLOSE/DISCUSS MY MEDICAL INFORMATION WITH THE FOLLOWING INDIVIDUALS:

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

NOTE: Uses and disclosures for Treatment, Payment, and Operations may be permitted without prior consent in an emergency.

PATIENT NAME: _____ DOB: _____

Parent/Guardian(If under 18): _____

SIGNATURE: _____ DATE: _____

You have the right to revoke this authorization, in writing, at any time. A revocation is effective upon receipt of a written request.