

Acknowledgement and Consent Notice

Name of Patient

Signature of Patient
(or patient personal representative)

Date

COMMUNICATION CONSENT

HIPAA is an acronym for the Health Insurance Portability & Accountability Act of 1996, a federal law. The Administrative Simplification section of this Act is of concern to our practice and requires us to comply with specific rules regarding:

- Unique Identifiers for health plans, providers, individuals and employers
- Healthcare Transactions & Code Sets for transmitting electronic data
- Privacy Regulations over disclosure and use of health information
- Security Regulations over protections of electronic health information

All of these rules have been developed by the Department of Health & Human Services and will become final in a staged manner.

It will be the policy of North Georgia Urology Center to not release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, e-mail, cellular phone, pager, and/or fax. Whenever returning telephone calls and an answering machine picks up, we will not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will not be left with an unauthorized person who may answer your telephone.

If you would like to have your medical information released to someone other than yourself, please complete the following:

I authorize North Georgia Urology Center to release medical information to the following people including my listed emergency contact.

Name	Address	City	State	Zip
_____	_____	_____	_____	_____

Phone	Fax	Email
_____	_____	_____

Name	Address	City	State	Zip
_____	_____	_____	_____	_____

Phone	Fax	Email
_____	_____	_____