

In accordance with the Health Insurance Portability & Accountability Act of 1996 (a Federal Law).

It is the office policy of Suncoast Lung Center and staff to not release confidential and/or unauthorized information. When returning telephone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

If you require HealthCare information to be released to someone other than yourself please complete the following:

I authorize Suncoast Lung Center staff to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes.

Where may we reach you Home Yes _____ No _____

May we confirm your appointments by answering machine Yes _____ No _____

If you are employed may we contact you at work Yes _____ No _____

May we leave a message for you at work Yes _____ No _____

It is important to keep your other physicians informed about your care.

If needed may Suncoast Lung Center release medical records to your other physicians ... Yes _____ No _____

Fax medical records for referrals to another Physician Yes _____ No _____

Please list names of authorized people:

Spouse _____

Parent _____

Or other person _____ Relationship _____

Do you have a Power of Attorney Yes _____ No _____

If No, please supply a copy to our office.

Patient: _____

Date: _____