

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

It is the policy of Asheville Obstetrics & Gynecology and staff not to release confidential information by home, work telephone, voice mail, cell phone whenever returning telephone calls. We will not leave a message if the name on the recording does not identify the residence. Information will also **not** be left with an unauthorized person who may the answer the telephone.

If you would like to have information released to someone other than yourself please complete the following: I authorized Asheville Obstetrics & Gynecology and/or their staff to leave medical information pertaining to my care by the following methods, and will assume responsibility to notify them whenever the information changes.

- HOME TELEPHONE _____ YES _____ NO
- HOME ANSWERING MACHINE _____ YES _____ NO
- WORK TELEPHONE _____ YES _____ NO
- WORK VOICE MAIL _____ YES _____ NO
- CELL PHONE _____ YES _____ NO
- CELL PHONE VOICE MAIL _____ YES _____ NO
- FAX MEDICAL RECORDS TO ANOTHER ENTITY _____ YES _____ NO

PLEASE LIST NAMES OF AUTHORIZED PEOPLE:

In signing this, you consent to the use and disclosure of your protected health information by Asheville Obstetrics & Gynecology, our staff and our business associates strictly for the purpose of treatment, payment and health care operations.

You acknowledge you have had an opportunity to review our notice of privacy practices prior to signing this consent. We encourage you to review our notice of privacy practices carefully. It provides more detail on how we may disclose your protected health information. The notice of privacy practice may change. A current copy may be requested when you are being seen as a patient, by contacting our Practice Administrator at 828-277-0010.

BY SIGNING THIS FORM, I GRANT MY CONSENT TO ASHEVILLE OBSTETRICS & GYNECOLOGY TO USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION FOR THE PURPOSE OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

SIGNATURE OF PATIENT

DATE

RELATIONSHIP TO PATIENT/LEGAL AUTHORITY (IF APPLICABLE)

DATE