

RELEASE OF INFORMATION

In compliance with the *Health Insurance Portability and Accountability Act (HIPAA)*, our Center requires written identification of all entities the patient/legal guardian will give unlimited, permitted access to their Protected Health Information (PHI). PHI can include, but is not limited to, medical reports, laboratory reports, appointment information and financial/billing records. For further, detailed information regarding our Center's HIPAA practices, please refer to our HIPAA policy posted online at www.handwristcenter.com and/or our reference manual located at our Receptionary Desk.

NOTICE TO PATIENT/LEGAL GUARDIAN: Authorization to release PHI (to the patient, their legal guardian, their legal survivor, referring Physician, insurance carrier(s) and/or any other entity the patient/legal guardian designates as financially responsible for their services) is deemed to be "automatic" in nature and is a condition of being able to receive services by our Facility's healthcare providers. The patient/legal guardian reserves the right to submit to our Center (in writing) a request to prohibit the release of information to any entity listed above and/or below; however, our Center also reserves the right to deny service if it concludes that prohibiting such information will interfere in our ability to render services. **The Hand & Wrist Center** is not responsible for any subsequent distribution of the patient's PHI once it has been distributed to any of the above-listed and/or below-listed entities and/or their elected representatives.

E-MAIL DISCLAIMER: Please note that if the patient/legal guardian provides our Center with an e-mail address, the patient/legal guardian is providing **The Hand & Wrist Center** with automatic authorization to communicate medical (and account) information to the patient/legal guardian and/or any of their elected representatives, via that e-mail address. Additionally, this authorization allows our Center to e-mail medical information to any healthcare provider directly involved in the care of the patient (and who elects to communicate via e-mail). If the patient/legal guardian elects not to have any information communicated via e-mail, the patient/legal guardian is hereby instructed to not provide our Center with an e-mail address and to provide our Center with written notification prohibiting the sharing of the patient's information electronically with any entity.

RIGHT TO REVOKE/CHANGE AUTHORIZATION: The patient/legal guardian may revoke or change any or all parts of their designations below at any time by completing a new **Release of Information** form and submitting it to the **The Hand & Wrist Center**.

PATIENT ACKNOWLEDGEMENT: The following list will serve as formal acknowledgement and authorization, on my (patient/legal guardian) behalf, to release and/or discuss any/all information related to my medical condition and treatment with:

- Me (the patient/legal guardian) ONLY
- Me (the patient/legal guardian) **AND** (check boxes and list the first/last name and telephone number by the applicable):
 - Spouse/Domestic Partner: _____ Tel: (_____) _____ - _____
 - Paternal/Maternal Parent: _____ Tel: (_____) _____ - _____
 - Brother / Sister (Sibling): _____ Tel: (_____) _____ - _____
 - Son / Daughter: _____ Tel: (_____) _____ - _____
 - Other Family Member: _____ Tel: (_____) _____ - _____
 - Attorney: _____ Tel: (_____) _____ - _____
 - Other: _____ Tel: (_____) _____ - _____

PATIENT NAME (PRINTED): _____

*STATE RELATIONSHIP BELOW: _____

LEGAL GUARDIAN NAME (PRINTED): _____

PATIENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____