

Gastroenterology Associates
CONSENT TO DISCLOSE MEDICAL INFORMATION

Patient Name: _____ **Date of Birth:** _____

It is the policy of Gastroenterology Associates of S.W. Florida to contact you at any of the phone numbers you provided on your registration form.

Note: Per our financial policy, we always leave a detailed message on your answering machine/voicemail or with anyone who answers your phone when contacting you regarding an appointment and/or financial arrangements and/or when returning your call for questions/results. There may be times when we may have to communicate and disclose PHI with other people not listed on this form if you the patient are not capable or not present to speak with.

PLEASE SELECT EITHER OPTION A OR OPTION B – PLEASE SIGN ONLY ONE OPTION!

OPTION A:

Please indicate who (family member or friend) Gastroenterology Associates of S.W. Florida may disclose your protected health information to. (This consent is not an authorization to release records to other physician offices.)

NAME: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

NAME: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

NAME: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

I authorize the employees of Gastroenterology Associates of S.W. Florida to disclose protected health information to the above people. I understand that I may revoke or change this consent at any time by completing a new consent form.

Patient Signature or Guardian/Legal Representative

Today's Date

Print name of Guardian or Legal Representative

Relationship

OR

OPTION B:

By signing here I request that my protected health information be disclosed only to "ME" and no one else. I understand I will have to contact Gastroenterology Associates of S.W. Florida myself for any and all correspondence needed. I understand that I may revoke or change this consent at any time by completing a new consent form.

Patient Signature or Guardian/Legal Representative

Today's Date

Print name of Guardian or Legal Representative

Relationship

Gastroenterology Associates of S.W. Florida, PA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-954-735-6000 ext 4113. Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-954-735-6000 ext 4113.

Internal use only: document the above information in Privacy-Consent notes Account # : _____