



PATIENT NOTICE

HIPPA is an acronym for the Health Insurance Portability & Accountability Act of 1996 (a federal law). Of significant concern to healthcare organizations is the Administrative Simplification section of the Act, which requires healthcare organizations to comply with specific rules regarding:

Unique Identifiers for health plans, providers, individuals, employers

- ❖ Healthcare Transaction & Code Sets for transmitting data electronically
- ❖ Privacy regulations over disclosure and use of health information
- ❖ Security regulations over protections of electronic health information

I authorize **East Metro OB/GYN Specialists, Inc.** to leave medical information pertaining to my care by the following methods and I will assume responsibility to notify them whenever this information changes.

Home telephone	Yes ___ No ___	_____
		Telephone number
Answering machine at home	Yes ___ No ___	
Work telephone	Yes ___ No ___	_____
		Telephone number
Voice mail at work	Yes ___ No ___	
Cell phone/cell phone voice mail	Yes ___ No ___	_____
		Cell phone number
Pager	Yes ___ No ___	_____
		Pager number
Email	Yes ___ No ___	_____
		Email address

We will try to honor your request. However, if you DO NOT give us a telephone number, we will not be able to contact you with your test results. Therefore, you will have to schedule an office visit appointment to discuss your results, whether normal or abnormal.

Please list names of people with whom we may discuss your medical care:

Spouse _____	Yes ___	No ___
Parent: _____	Yes ___	No ___
Other _____	Yes ___	No ___

Please give name and relationship, such as boyfriend, sister, etc.

Signature Patient/Guardian

Please print your full name

Date _____