

HIPAA Authorization

Please Read and Complete the Following Form

The Health Insurance Portability and Accountability act of 1996 (HIPAA) provides protections to your medical records. Our benefits office (or other third party designated by our office) may sometimes need to disclose medical information or payment information protected in your health care. For example, your spouse may need to contact us if you are in the hospital and need assistance filing a claim for medical services. Under HIPAA, unless you specifically object we are allowed to use our professional judgement in deciding whether to discuss your medical and payment information with your family members or close friends. However we would like to provide you with the opportunity to tell us with whom we may discuss your medical or payment information.

___ You **may communicate with the following individuals** relating to my medical or payment information.

___ Please **do not disclose** my medical or payment information **with the following individuals**.

___ Please **do not disclose** my medical or payment information **with anyone**.

Signature