RELEASE OF MEDICAL INFORMATION &
PATIENT FINANCIAL RESPONSIBILITY GUIDELINES.

PLEASE REVIEW CAREFULLY, SIGN AND DATE BACK PAGE.

Questions concerning this notice can be directed to Office Manager

Your medical information is personal and we are committed to protecting this information. We create a record of the care and services you receive at our office and these records are used to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this office whether made by your personal physician or one of the office employees.

IN ORDER TO RELEASE YOUR PERSONAL INFORMATION, INCLUDING LAB RESULTS, TEST RESULTS OR FINANCIAL MATTERS, TO ANYONE OTHER THAN YOURSELF, PLEASE SIGN THEIR NAME & RELATIONSHIP BELOW:

NAME:_____

RELATIONSHIP TO PATIENT:_____

****May we leave messages for follow-up appointments ___home____office____cell**

The following describes the different ways that your information may be used or disclosed by this office.

(1) _____ For Treatment: We use medical information about you to provide you with medical treatment and services. We may disclose medical info about you to doctors, nurses, technicians, and other office personnel who are involved in providing you treatment.

(2) _____ For Payment: We may use and disclose medical information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. We may need to give your health plan information about treatment that you have received or are going to receive to obtain payment or prior approval.

(3) _____ For HealthCare Operation: We may use and disclose medical information about for office operations necessary to make sure all of our patients receive quality care.

(4) _____ For Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

(5) _____ As Required By Law: We will disclose medical information about you when required to do so by federal, state, or local law. Disclosures may be required by Worker's Compensation statutes and various health statues in connection with required reporting of certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc.

(6) _____ Health Oversight Activities: We may disclose medical information to a governmental or other agency for activities authorized by law.

(7) _____ Lawsuits and Disputes: If you are involved in a lawsuit or legal dispute, we may use your medical information to defend the office or to respond to a court order.

(8) _____ Law Enforcement: We may release medical information about you if required by law when asked to do so by a law enforcement official.

(9) _____ Coroners and Medical Examiners: We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

****You have the right to request a copy of your medical information with the exception of any psychotherapy notes. Your request must be made either in person or in writing to our office. Your medical information will only be released to you with verification of picture ID unless authorized by management of this office. Copies of medical records will not be charged a fee unless more than one request is made. This office will require at least 36 hours to fill any records request.**

****If you feel that the medical information we have about you is incorrect or incomplete, we can discuss any necessary amendments and make proper adjustments.**

****We can deny your request if you ask us to amend information that:**

(1) Was not created by us

(2) Is not part of the medical information kept by this office

(3) Is not part of the information which you would be permitted to inspect and copy

(4) Is accurate and complete

By my signature below, I indicate that I have been informed of and agree to the privacy practices of Bay Urology Services, P.C.

Signature ***date***

Printed name: _____