



As a result of the Health Insurance Portability and Accountability Act (HIPAA), enforced by the US Department of Health and Human Services office of Civil Rights, we are not permitted to release patient information except as stated in the Notice of Privacy Practices, or in accordance with your wishes as stated below.

**This waiver authorizes ProHEALTH Care Associates to send/give my medical information as noted:**

Leave a voice mail recording including my Personal Health Information on my home/cell phone:  Yes  No

Leave a voice mail recording including my Personal Health Information on my business phone:  Yes  No

Use of electronic communication systems (i.e. fax, electronic messaging) to transmit prescription, treatment, disorder related information, lab or other results:  Yes  No

Use of email to transmit treatment or disorder related information which may include a diagnosis, lab or other results sent to me, even if the email is not encrypted (not protected over the Internet):  Yes  No

Permit the individual stated below (Personal Representative) to receive prescriptions and/or test results:  Yes  No

Speak to a family member of my choosing (Personal Representative) regarding my Personal Health Information:  Yes  No

Name of Personal Representative: \_\_\_\_\_

On this date \_\_\_\_\_, I received and reviewed ProHEALTH's Notice of Privacy Practices, which describes how my medical information may be used and disclosed and explains how I can get access to this information.

I had an opportunity to raise questions regarding this policy and all of my questions have been answered. The authorizations made above will remain effective until such time as I notify ProHEALTH Care Associates in writing, by certified mail, of requested changes.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Social Security Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Telephone Number