Disclosure of Protected Health Information

Date__________________

PATIENT NAME: ____ DOB_________________________

I authorize my Provider to communicate with the following persons concerning my current medical care.

Name/Relationship: ____
Name/Relationship: ____
Name/Relationship: ____

PHI not to be released includes:
____

I understand that appointment information and test results may be called to my home and the information given to whoever answers. Information may also be left on the answering machine unless otherwise specified. Unless indicated below, I may be called at work and correspondence may be mailed to my home.

*Please circle if you **DO NOT** Want to be called at work or correspondence mailed to your home*:

Do not : call me at my place of employment.

Do not : mail correspondence to my home.
If not, please provide alternate address:

This remains in effect until I give written notification to discontinue.

Section A I, _______________________________acknowledge that I received or been made aware of
(Print Name)
Ohio County Hospital Corporation's Notice of Privacy Practices.

____ _______________ ___________________

(Patient or Guardian Signature) (Patient or Guardian Date of Birth) (Date)

Section B (only to be completed by Ohio County Healthcare or other delivery site personnel if patient or representative will not or cannot sign acknowledgement in Section A)

A good faith effort was made to explain the purpose and content of Ohio County Hospital Corporation's Notice of Privacy Practices to the patient or his/her representative and to obtain an acknowledgement from the patient or his/her representative that the Notice of Privacy Practices was received, but (check one):

______ Patient or Guardian refused to sign.

______ Patient was in an emergency treatment situation during first service delivery and the Notice of Privacy Practices was provided as soon as was practicable after the emergency treatment situation passed.

______ Other (list reason why acknowledgement not obtained): ___________________
____
____

____ _______________________
Clerk Signature Date