

Acknowledgement of Receipt of Privacy Notice

I have been presented with a copy of Frisco Obstetrics and Gynecology, P.A. Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the notice and I request the following restriction(s) concerning the use of my personal medical information.

Consent to Release Protected Health Information (PHI)

I understand that in order to disclose my PHI, Frisco Obstetrics and Gynecology, P.A. must have my consent. Therefore, I authorize Frisco Obstetrics and Gynecology, P.A. to disclose my PHI as described on this form, to the recipients listed below:

Description of the information to be disclosed (check all that apply):

- All Procedures Test Results Appointments Other
 Surgeries Billing/Account Information

Name(s) of the person(s) authorize to obtain the above mentioned information. Example: physician other than your referring doctor, family members, other specified person(s).

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

Contact Information

I authorize Frisco Obstetrics and Gynecology, P.A. to contact me at the following numbers with results or questions:

Home _____ Cell _____ Work _____

May we leave a detailed message on your answering machine or voicemail? (Circle one) Yes No

I understand that when the information is disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. Further, I understand this consent can be revoke at any time except to the extent that disclosure in good faith has already occurred in reliance to this consent. Otherwise, this shall remain in effect for 360 days.

OR

I do not authorize Frisco Obstetrics and Gynecology, P.A. to release my PHI to anyone other than myself. I fully understand that by doing so it may take longer to get my results.

Patient/Representative Signature: _____ Relationship: _____

Date: _____ Witness Signature: _____