

Premier Perinatal

Information Consent

HIPAA is an acronym for the Health Insurance Portability & Accountability Act of 1996, a federal law. The administration simplification section of this act is of concern to our practice and requires us to comply with specific rules regarding:

- Unique identifiers for health plans, providers, individuals and employers
- Healthcare transactions and code sets for transmitting electronic data
- Privacy regulations over disclosure and use of health information
- Security regulations over protections of electronic health information

It is the policy of Premier Perinatal, LLC not to release confidential and or/ unauthorized information by home telephone, answering machine, work telephone, voice mail, email, cellular phone, pager and/or fax. Whenever returning telephone calls and an answering phone picks up, we will not leave a message if the name or telephone number is not on the recording to identify the residence. Information will not be left with an unauthorized person who may answer your telephone.

If you would like to have your medical information released to someone other than yourself, please complete the following:

I authorize Premier Perinatal, LLC to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes.

Home Telephone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Answering Machine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Work Telephone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Voicemail	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cellular Phone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Pager	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please list authorizations:

Spouse/Partner: _____ Four-digit Code: _____

Parent : _____ Four-digit Code: _____

Brother/Sister: _____ Four-digit Code: _____

Son/Daughter: _____ Four-digit Code: _____

Friend: _____ Four-digit Code: _____

Patient signature: X _____ **Date:** _____