

Premier OB-GYN of Orlando is a HIPAA compliant office. Therefore, our staff is restricted by the HIPAA rules and regulations in discussing the patient or the patient's medical information with only the patient, unless the patient has given us permission in writing to speak with someone else as well.

If you, the patient, wish for us to have the ability to discuss your file, including any medical information or financial information, please designate that individual(s) below and sign in the appropriate space.

In addition, on some occasions, we may try to contact you to discuss other issues, such as test results. We are also restricted as to what information we may leave on an answering machine. The law states that we can only leave our name and number and a request for you to call us back. If you would like us to leave more detailed information on your answering machine or voice mail, should you not be available to take our call, please designate in writing in the space provided below, exactly what information we are allowed to leave.

We appreciate you as our patient and your understanding of these complex issues.

I, (please print) \_\_\_\_\_, give permission to Premier Obstetrics and Gynecology of Orlando, PA, to discuss my file, including medical and financial information, with the following individuals:

\_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_

I, (please print) \_\_\_\_\_, give permission to Premier Obstetrics and Gynecology of Orlando, PA, to leave the following information on my answering machine or voice mail if I am not available at the time of their phone call:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Patient \_\_\_\_\_ Today's Date \_\_\_\_\_