

Joshua Medical Group

A FAMILY PRACTICE GROUP

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THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information to be used or disclosed by us, whether electronically, paper, or orally, are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal and protected health information.

As required by HIPAA, we have prepared this explanation of how we maintain the privacy of your health information and how we may use and disclose this information.

We may use or disclose your medical records only for each of the following purposes: treatment, payment, and health care operations, and only to those entities that you approve.

Today's Date

I, _____, authorize Joshua Medical Group to contact the following person(s) in regards to my protected health information.

First Name

Last Name

Date of Birth

<input type="text"/>	<input type="text"/>
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Name

Relationship

<input type="text"/>	<input type="text"/>
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Name

Relationship

INSTRUCTIONS:

Please leave the phone number(s) you would like to be contacted at and mark in the provided area whether or not we can leave detailed messages in the box next to the phone number.

Contact Numbers	Leave message with call back # ONLY	OK to leave detailed message
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Patient Signature or Legally Authorized: