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**HIPAA** is an acronym for the **Health Insurance Portability & Accountability Act** of 1996, a federal law. Administrative 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 & Code Sets for transmitting electronic data
- Privacy Regulations over disclosure and use of health information
- Security Regulations over protections of electronic health information

All of these rules have been developed by the Department of Health & Human Services and will become final in a staged manner.

It will be the policy of **Southwest Internal Medicine Specialists** to release confidential information with signed consent by home telephone, answering machine, work telephone, voicemail and cellular phones. Whenever returning telephone calls and the answering machine picks up, it is our policy **NOT** to leave confidential information if there is no recorded message identifying the residence. Confidential information will **NOT** be left with an unauthorized person who may answer your telephone.

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

I authorize **Southwest Internal Medicine Specialists** 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    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Answering Machine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Telephone    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Voice Mail        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cellular Phone    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Please List authorized persons:**

Spouse/Fiancé: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Brother/Sister: \_\_\_\_\_

Son/Daughter: \_\_\_\_\_

Friend/Other: \_\_\_\_\_

\_\_\_\_\_