

ALL ISLAND GASTROENTEROLOGY & LIVER ASSOCIATES, P.C.

COMMUNICATION AUTHORIZATION

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) All Island Gastroenterology & Liver Associates, P.C. will not release confidential health information, either in person or by telephone, email or fax to any unauthorized people. When returning telephone calls, we will not leave a message on an answering machine or voicemail unless we are authorized in writing to do so. Also, information will not be given to an unauthorized person who may answer your telephone (either at home or at work).

If you would like us to authorize us to release medical information to someone other than yourself or to leave information on a recording device, please complete the following:

I authorize the physicians and staff of All Island Gastroenterology & Liver Associates, P.C. to release confidential medical information pertaining to my care by the following methods and to the following people. I understand that it is my responsibility to notify All Island Gastroenterology & Liver Associates, P.C. if this authorization information changes.

It is okay to leave confidential medical information for me on my (list numbers)

Home telephone/answering machine _____

Work telephone _____

Mobile telephone _____

Other telephone _____

It is okay to give confidential medical information to my (list names)

Spouse _____

Parent _____

Son/Daughter _____

Brother/Sister _____

Other _____

I acknowledge that this authorization can only be amended or rescinded by my written authorization.

Patient Name

Date

Patient/Guardian Signature

Date