

HIPAA Contact Information

In order to assist you in receiving your health information from Health First Medical Group, please complete this form.

Initial one:

_____ Health First Medical Group is permitted to share any and all medical information with the individuals listed below, including test results, sensitive information as stipulated by the State of Florida, and information disclosed during office visits.
(initial)

_____ Health First Medical Group is permitted to share any medical information with the individuals listed below, including test results, sensitive information as stipulated by the State of Florida, and information disclosed during office visits except: _____
(initial)

Persons authorized to receive any medical information (full name, relationship, and phone number):

Name	Relationship	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may notify me with test results, appointment reminders and other information regarding my health information as follows:

- Message on answering machine Phone number: _____
- Message on work voicemail Phone number: _____
- Message on cell phone Phone number: _____
- Email address: _____

Health First agrees never to sell your information. By submitting your email address, you expressly agree to receive promotional information from Health First facilities, subcontractors and their affiliates regarding information, events, promotions, specials and patient satisfaction surveys. You also understand that you have the right to "opt out" at any time through request in a reply to the email. By law we must remind you that Privacy & Security is not assured when sending information over unsecured email.

I understand this authorization will remain in effect until it is revoked by me in writing.

Patient (print name)

Signature

Date of birth

Date

This authorization is not valid for the request of copies of your medical records. You or your personal legal representative must sign a Health Information Release Form to obtain copies of your medical records.

For Health First Medical Group use only

MR# _____