

### HIPAA

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

HIPAA is an acronym for the Health Insurance Portability & Accountability Act of 1996 (a federal law). Of significant concern to healthcare organizations is the Administrative Simplification section of the Act, which requires healthcare organizations to comply with specific rules regarding:

- Unique identifier for health plans, providers, individuals, and employers
- Healthcare Transaction & Code Sets for transmitting data electronically
- Privacy Regulations over disclosure and use of health information
- Security Regulations over protection of electronic health information

It is the office policy of Mid-Florida Pediatrics, PA and staff to not release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voicemail, cell phone and/or pager. Whenever returning telephone calls and the voicemail/answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

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

I authorize Mid-Florida Pediatrics, PA and/or its staff to leave medical information pertaining to me or my child 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
Voicemail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell Phone/Voicemail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fax Medical Records for referrals to another entity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list names of authorized people:

Spouse: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Other names (please include relationship such as boyfriend, fiancé, sister, etc.) \_\_\_\_\_



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

Date: \_\_\_\_\_