

**Patient Authorization for Disclosure/Release of Medical Information**

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

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

I request that communication regarding my protected health information that is provided to me, other than verbally and in person, be provided to me by calling the information to:

**Home Phone:** \_\_\_\_\_

- YES /  NO      This waiver may be used to make/continue/cancel an appointment
- YES /  NO      This waiver may be used for call back of test results /information

**Work Phone:** \_\_\_\_\_

- YES /  NO      This waiver may be used to make/continue/cancel an appointment
- YES /  NO      This waiver may be used for call back of test results /information

**Cell Phone:** \_\_\_\_\_

- YES /  NO      This waiver may be used to make/continue/cancel an appointment
- YES /  NO      This waiver may be used for call back of test results /information

**My health information may be shared with the following individuals:**

Name: _____	Name: _____
DOB: _____	DOB: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

I understand that Kansas City Women's Clinic may choose not to agree to such requests.

- YES /  NO      My protected health information may be used by Kansas City Women's Clinic for marketing the practice.
- YES /  NO      I want to receive any fundraising communications Kansas City Women's Clinic may Choose to sponsor.

This authorization will be kept in place at all times until I revoke this request at any time in writing and submitting such request to Kansas City Women's Clinic.

**PLEASE SIGN AT THE "X"**

**X** \_\_\_\_\_ Date

Patient Signature

\_\_\_\_\_  
Signature of Personal Representative of Patient

\_\_\_\_\_  
Description of Representative's Authority to Act for Patient

**RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT**

I, \_\_\_\_\_, have received or been offered & declined a copy of Kansas City Women's Clinic's "HIPAA Notice of Privacy Practices" and the September 23, 2013 Addendum.

**PLEASE SIGN AT THE "X"**

**X** \_\_\_\_\_ Date

Patient Signature

**A COPY OF THE "HIPAA Notice of Privacy Practices" and the September 23, 2013 Addendum is available at the Front Desk**