Consent for the Use or Disclosure of Protected Health Information

Decatur ENT Associates, PC
1218 13th Avenue SE – Decatur, AL 35601

Who can we release your medical record information to? **This includes picking up copies of your records and prescriptions that can't be called in to the pharmacy.** Please list name and relationship to patient.

_____
_____
_____
_____

Is there anyone you ***do not*** want to have access to your medical records? Please specify name and relationship to patient.

_____
_____

This authorization is valid for a period of 1 year unless otherwise specified. _____

My signature below indicates that I have been given a copy of the Notice of Privacy Practices and to have any questions answered before signing. We encourage you to read the Notice of Privacy Practices since it provides details on how information about you may be used and/or disclosed and describes certain rights you have regarding your health care information. I understand I may request restrictions on the uses and disclosures of my health information at any time by submitting a written request to the address above.

Name (printed) _____

Signature _____

Date _____

CONSENT TO WIRELESS TELEPHONE CALLS:

If at any time I provide a wireless telephone number at which I may be contacted, I consent to receive calls (including auto-dialed calls and prerecorded messages) at that wireless number from Decatur ENT Associates, it's successors and assigns, and the affiliates, agents and independent contractors, including servicers and collection agents, regarding my account, the services rendered, or my related financial obligations.

Name (printed) _____

Signature _____

Date _____

I understand that I may revoke this consent at any time by signing below and returning it to the address above. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this consent.

Name (printed)_____

Signature_____

Date of Revocation Request_____