

**DIGESTIVE
DISEASE
CONSULTANTS**

A Division of Capital Digestive Care, LLC

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Federal Law ensures the privacy of your medical records, their availability to you, and specific rights regarding your medical records.

Digestive Disease Consultants complies with these standards. As a general principle, we will always assume that you have instructed us **NOT** to release your medical records, or any portion thereof, to anyone, except under the usual, general circumstances covered below.

Please read and sign this **GENERAL AUTHORIZATION CONCERNING YOUR MEDICAL RECORDS.**

Relevant portions of my medical record may be provided to:

1. other designated doctors and their staffs (e.g., this practice; primary or referring doctors and their staffs; hospital or out-patient facilities, endoscopy unit, or surgical-day-care).
2. my medical insurance company to document specific service(s) provided and billed.
3. the Government, as required by law (e.g., subpoena)

If you wish to designate (a) person(s) (other than those above) to be given access to all or part of your medical record, please initial "ACCESS ALLOWED" below and write their name. If you wish to revoke such designation, please initial "ACCESS DENIED" below and write their name(s):

_____ **ACCESS ALLOWED** **Name(s):** _____

_____ **ACCESS DENIED** **Name(s):** _____

Please specify by circling the appropriate answer below, if we may leave health-related information (e.g., lab/biopsy/x-ray results, billing issues, or other doctor-patient communications) on your:

Home answering machine: **Yes** or **No**

Cell Phone voicemail: **Yes** or **No**

Work voicemail: **Yes** or **No**

Personal email: **Yes** or **No** If yes, email address _____ @ _____

(Please print)

(Please note that if the above section is not completed, we will assume that we have your approval to contact you using any one of these methods.)

If you have any questions, comments, or exceptions, please speak with our Practice Administrator.

I acknowledge that I have read, understand, and agree to the above.

Printed Name

Date

Signature

Account No. (Office Use Only)