

OB/Gyn Associates
Patient Authorization Form



Patient Name _____
(please print)

It is the policy of OB/Gyn Associates to make confirmation phone calls to patients two days before their appointment. Because of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), it is necessary for us to get your authorization on certain items. Please see below and mark accordingly.

I authorize the Staff of OB/Gyn Associates to leave a message on my **answering machine** regarding:

- | | | |
|----------------------------|---------------------------|--------------------------|
| My Appointment | <input type="radio"/> Yes | <input type="radio"/> No |
| My Medical Care/Results | <input type="radio"/> Yes | <input type="radio"/> No |
| My Patient Account/Billing | <input type="radio"/> Yes | <input type="radio"/> No |

Also, if I am not available, I authorize the Staff of OB/Gyn Associates to **speak with** and release information to the following individual(s) regarding:

Name	Relationship	Phone	Appointment	Medical/Results	Account/Billing
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

I authorize the Staff of OB/Gyn Associates to call my **work number**, if I am otherwise not available.
 Yes No

I authorize the Staff of OB/Gyn Associates to **leave a message on my voice mail** at my work number.
 Yes No

I understand that it is the policy of OB/Gyn Associates to take a **photo** of each patient for their Medical Chart.

I understand this release will remain valid and in place until revoked by me in writing.

Patient or Guardian Signature

Date