## CONSENT OF PROTECTED HEALTH INFORMATION

**The information authorized for release may include information which may indicate the presence of a communicable or non-communicable disease. I understand that the information requested may be protected under 42 C.F.R. Part 2, governing Alcohol and Drug Abuse Patient records, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA'), 45 C.F.R. Parts 160 & 164, State Confidentiality laws and regulations and cannot be released without my consent unless otherwise provided for by regulations. State and Federal Law regulations prohibit any further disclosure of such records without my specific written consent or when otherwise permitted by such regulations. I understand that treatment services are NOT contingent upon or influenced by my decision to permit the release of information. I further understand that if the organization or person authorized to receive this information is not required to comply with the Federal privacy regulations, the released information may be re-disclosed and would no longer be protected.**

Please identify the person or persons you authorize your Protected Health Information (oral or recorded information) to be released to by Stigler Health and Wellness Center, Inc. (SHWC).

This may include your spouse, parents, siblings, children, friends or guardian. Please list below:

| NAME | RELATIONSHIP | HOME PHONE # | CELL PHONE # |
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Stigler Health and Wellness Center, Inc. is required to have your permission to leave messages regarding your Protected Health Information (test results, instructions, appointment reminders, etc.)

Please check the appropriate boxes:

_____ **Yes,** SHWC **may** leave a message on my answering machine/voice mail regarding my Protected Health Information.

Comments: _____

_____ **No,** SHWC **may not** leave a message on my answering machine/voice mail regarding my Protected Health Information

_____ _____

Signature Date

_____ _____

Printed Name Relationship to Patient

_____ _____

Patient # Patient Name

**This authorization shall remain in effect until revoked.**