

**COMMUNICATION CONSENT
(HIPAA Update 2013)**

In compliance with federal law, it is the policy of North Georgia Women's Center to NOT release confidential, and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, e-mail, cellular telephone, pager and/or fax. **WE WILL NOT LEAVE A MESSAGE ON YOUR ANSWERING MACHINE IF YOUR NAME IS NOT ON THE RECORDED MESSAGE TO IDENTIFY THE RESIDENCE.** Information will not be left with an unauthorized person who may answer your telephone.

If you would like to have your medical information released to someone other than yourself, please complete the following:

I authorize NGWC to leave medical information pertaining to my care by the following methods and will assume responsibility to notify NGWC whenever this information changes.

Please list your own telephone NUMBERS we may call:

Home Telephone _____
Answering Machine _____
Work Telephone _____
Voice Mail _____
Cellular Telephone _____
Pager _____

**Please list authorized NAMES of individuals and their telephone numbers
We may speak with regarding your medical information:**

Spouse/Significant Other _____
Parent _____
Brother/Sister _____
Son/Daughter _____
Friend _____

Emergency Contact

Name: _____
Relationship: _____
Home Phone: _____
Mobile Phone: _____

Next of Kin

Name: _____
Relationship: _____
Phone: _____

PRIVACY PRACTICE ACKNOWLEDGEMENT

I have had available to me a copy of North Georgia Women's Center's Notice of Privacy Practices. I understand that a copy of this policy may be given to me upon my request.

X _____
Signature of Patient

Date