UNIFOUR FAMILY PRACTICE

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**HEALTH INSURANCE PORTABLITY AND ACCOUNTABILITY ACT (HIPPA) FOR ADULTS**

Due to Federal Regulations concerning patient privacy, we are unable to discuss your medical condition with anyone, including family members without your consent.

Please read the following statements **very carefully** and (**CHECK ALL THAT APPLY)**

\_\_\_\_\_ Only discuss my health and financial information with me.

\_\_\_\_\_ Yes, Unifour Family Practice staff are allowed to discuss my medical condition and/or financial matters with family members listed below. (You may also list your pastor and/or a close friend if desired).

\_\_\_\_\_ You may leave any medical information, test results, etc., on my answering machine or voice mail at the numbers listed.

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ You may communicate with me via email through Unifour Family Practice Patient Portal.

My email address is (Please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| NAME | TELEPHONE NUMBER | RELATIONSHIP |
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COMMENTS:

**AS A PATIENT OR LEGAL GUARDIAN IT IS YOUR RESPONSIBILITY TO LET US KNOW IF ANY OF THE ABOVE INFORMATION CHANGES AT ANY TIME**

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SIGNATURE DATE

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WITNESS DATE