UNIFOUR FAMILY PRACTICE

2874 NC HWY 127 SOUTH

HICKORY, NC 28602

PHONE: 828-294-4100

FAX 828-294-4112

ROBERT H. LEE, M.D. DAVID R. DURALIA, M.D.

**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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| NAME | TELEPHONE NUMBER | RELATIONSHIP |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS DATE