

# Notification and Release of Medical Information

It is the policy of Southeastern Plastic Surgery not to release confidential and unauthorized information by home telephone, voice mail, cell phone and/or pager. Whenever returning telephone calls and the answering machine picks up, we will leave a message to return our call only. Information other than our name and a request to return our call will not be left with an unauthorized person who may answer the telephone. Information to a parent of a child under the age of 18 is allowed under the HIPAA laws.

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

I authorize the doctors and staff of Southeastern Plastic Surgery to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes:

Home Telephone	_____yes	_____no
Answering Machine	_____yes	_____no
Work Telephone/voice mail	_____yes	_____no
Cell Phone/voice mail	_____yes	_____no
Pager	_____yes	_____no
E-Mail	_____yes	_____no

Please list names of authorized people:

Spouse: \_\_\_\_\_

Other Names (please list relationship such as boyfriend, fiancé, girlfriend, sister etc.)

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In addition, I acknowledge receipt of the Notice of Privacy Practices.

Patient Name Printed: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_