

Dear Valued Patient/Family of Patient of POS/PEL:

The United States government has passed a law that requires us to clearly identify guidelines for release of medical information. This law takes effect on April 14, 2003. The purpose of this law is to safeguard medical information from sources not authorized to possess this information and at the same time to release appropriate information to other healthcare providers, insurance companies and other authorized agencies.

You have the right to request restrictions on the use and disclosure of your health information. You also have the right to inspect and/or copy your health information. We may charge you a reasonable charge based fee to cover copying, etc.

It is our goal and requirement that we use your medical information with confidentiality and our best judgment in any communication with your family and others.

An expanded nine-page document is available upon request, which covers these issues in greater detail. If you would like a copy of this document, please let our office staff know and it will be provided to you.

Sincerely,

POS/PEL

CONSENT FOR SHARING OF MEDICAL INFORMATION

I hereby give permission and written consent to POS physicians and employees to share all medical information with the following family and friends. This permission applies to only the people who are listed below:

- 1. _____
- 2. _____
- 3. _____

I have read the above and understand my rights under these new regulations.

Patient Name

Date

Responsible Party Name

Signature

Relationship to Patient

| UPDATED | |
|---------|----------|
| DATE | INITIALS |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*******MUST FILL OUT FRONT AND BACK*******