

# Communication Consent

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996, a federal law. The Department of Health and Human Services has developed specific regulations designed to protect the privacy of your health information.

It will be the policy of the practice of Dr. David J. Bene to only release confidential medical information to the patient or an authorized representative of the patient as listed below (unless release is further allowed by law – see attached Notice of Privacy Practices). I understand that the Notice of Privacy Practices are readily made available upon my request. In the event that we encounter an answering machine, voice mail or an unauthorized person when placing a call, our message will be limited to the patient's name, the name of our provider, our phone number and a request for the patient to return a call to our office.

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

I authorize David J. Bene, M.D. to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes.

	Yes	No	Number
Home Telephone	_____	_____	_____
Work Telephone	_____	_____	_____
Cell Phone	_____	_____	_____

Please list authorized names to share your medical information:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

\_\_\_\_\_  
Patient's name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Patient Signature (or Parent, if patient is a minor)

\_\_\_\_\_  
Date