

Genesee Surgical Associates, P.C.

Linden Oaks Medical Campus
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Rochester, New York 14625
(585) 383-8830

HIPAA PRIVACY NOTICE and CONSENT to DISCUSS MEDICAL INFORMATION

I, _____ (*print name*), am aware of the HIPPA Privacy Notice and a copy will be available to me at my request.

NO - I do not wish to have any of my protected health information discussed with anyone other than myself.

OR

YES – David E. Burns Jr., M.D., Christopher B. Caldwell, M.D., Robert J. Tripp, M.D., Brian P. Watkins, M.D., Victoria U. Nugent, N.P., Stephanie N. Yu, RPA-C , and/or the employees of Genesee Surgical Associates, P.C. have permission to discuss my medical care with the following designated person(s)*

** friend or family member; someone other than your physician(s)*

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_____	_____	_____	_____
<i>Name</i>	<i>relationship</i>	<i>home phone #</i>	<i>cell phone #</i>

_____	_____	_____	_____
<i>Name</i>	<i>relationship</i>	<i>home phone #</i>	<i>cell phone #</i>

Please circle either **yes** or **no** for each question listed below:

Leave APPOINTMENT message on:

Answering machine?	Yes	No
Office voice mail?	Yes	No
Cell phone?	Yes	No

Leave OTHER MEDICAL INFO on:

Answering machine?	Yes	No
Office voice mail?	Yes	No
Cell phone?	Yes	No

X _____ Date _____
Signature of patient or authorized person