



Permission to Relay Information

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have a right to request that communications concerning your personal health information be made through confidential channels. Limestone Primary Care Physicians (LPCP) will not ask why you are making your request, and will make efforts to accommodate all reasonable requests. Some method of contact must be provided.

I, _____, give my permission for Limestone Primary Care Physicians and employees to communicate information related to my personal health, as indicated below. This request supercedes any prior request for communication of information I may have made.

Limestone Primary Care Physicians may disclose my appointment, test results, medical condition, treatment options and financial information to person(s) listed below: (PLEASE PRINT NAMES)		
LPCP may utilize the methods checked below to communicate the above stated information:		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
LPCP may utilize the following telephone numbers to contact myself or others listed above:		
<input type="checkbox"/> Work:	<input type="checkbox"/> Home:	
<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> Other:	
<input type="checkbox"/> LPCP may <input type="checkbox"/> LPCP may not leave messages on my answering machine/voice mail.		
Print Patient's Name:		
Signature:		Date:
Print Parent/Guardian Name:		Relationship: