

Greene Family Medicine, APMC

Applicant Acknowledgment and Authorization for Use/Disclose of Protected Health Information and TMR recommendation information

1: Acknowledgment of Privacy: HIPAA

I acknowledge that I was provided access to Notice of Privacy Health Practice (PHI). I understand I can obtain this practice's PHI notice on request. I have been allowed the opportunity to ask questions, to submit a special written request, and to object to the release of my PHI to a specific person if I so choose.

I understand DR _____ will not disclose my medical information obtained by me and brought to the office and that DR _____ requires me to keep copies of all medical records brought to the office and keep copies of TMR recommendation letters for potential legal issues.

2: Authorization for Discloser: Therapeutic Marijuana Recommendation (TMR) information.

I, _____ authorize the use and disclosure of my TMR information for the purpose of treatment and payment and healthcare operations. I authorize DR _____ and her /his staff to release to the following individuals and providers. I understand the information released to following parties may be re-disclosed to additional parties and no longer protected.

List the persons that you are allowing this office to communicate with or allowing access of records regarding TMR.

Name	DOB	Relationship	Phone Numbers
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____

3: Authorization for Release of Confidential Records

I, _____ date of birth _____

Authorize DR _____ to disclose and verify me as a TMR applicant to any law enforcement agency, child protection service or any state approved dispensary, valid for the period of recommendation issued. I give permission for my medical records and files to be reviewed by other physician(s) that you are working with. I understand that this might happen if the original doctor that evaluated me requires a second opinion, is not available, off premise, has moved or terminated the practice.

4: Manner of Contact

I understand that this practice calls or texts to confirm appointments at the number I give.

I Wish to Be Contacted in The Following Manner

- _____ NO RESTRICTION (Okay to contact in any manner)
- _____ Restricted Method of Contact (Check all that apply)
- _____ Other _____

_____ Home ONLY Message to return _____ Work ONLY Message to return