

GENERAL SURGERY ASSOCIATES, P.C.

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Due to recent federal privacy guidelines (HIPAA), General Surgery Associates, P.C. is not allowed to divulge medical or financial information to **anyone** other than the patient (or guardian in the case of a minor) unless explicit authorization is given.

General Surgery Associates utilizes in-house billing to process all insurance claims and patient billing. They must also have written permission to discuss your financial information with anyone other than yourself. This includes your spouse or parent (unless a minor).

To authorize General Surgery Associates, P.C. to discuss your medical information with someone other than yourself, please fill in below:

I, _____ (patient name), give GENERAL SURGERY ASSOCIATES, P.C. permission to release/discuss personal medical and/or financial information to/with:

Person we can release info to Relationship to Patient Phone #

Person we can release info to Relationship to Patient Phone #

Person we can release info to Relationship to Patient Phone #

Signature of Patient Date

I, _____ (name of patient) do not wish to give General Surgery Associates, P.C. permission to release/discuss my personal medical and/or financial information to/with anyone other than myself.

Signature of Patient Date

WITNESS Date