

# GASTROINTESTINAL HEALTHCARE

*Improving Your Health From The Inside Out.*

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[www.giraleigh.com](http://www.giraleigh.com)

## HIPAA FORM

### PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

**\*\*Can we leave your medical information on your voice mail?**  Yes  No

**\*\*Name of patient's pharmacy:** \_\_\_\_\_

**\*\* Name of patient's emergency contact:** \_\_\_\_\_ **phone number:** \_\_\_\_\_

I acknowledge that a copy of the Patient Rights and Patient Responsibilities Policy and Privacy Policies Notice, in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are posted visibly in the facility, and are available at [www.giraleigh.com](http://www.giraleigh.com). A paper copy will be provided upon request.

**Please be advised that without your written authorization we cannot discuss your case, treatment, or your pre – and post-procedure care instructions with anyone other than yourself. We need specific written authorization from you in order to be able to do so. Please indicate below with whom we may discuss your healthcare.**

**I hereby authorize GastroIntestinal Healthcare (GIH) to furnish all necessary information to appropriate parties such as insurance carriers, physicians, and attorneys concerning treatments rendered.**

**Medical records may be disclosed to the following Physicians:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list any additional parties (e.g. spouse, children, significant other, or person responsible for providing care to you) to whom information, such as post-operative instructions, may be disclosed by GIH:**

\_\_\_\_\_  
Name of Person(s) (Family member or Friend) and/or Organization

**If you would like to authorize someone other than yourself for GIH to speak with regarding your medical bills/financial responsibility, please provide authorization for us to speak to them regarding your account.**

\_\_\_\_\_  
Name of Person(s) (Family member or Friend) and/or Organization

**Expiration date of authorization:** This authorization is effective for one year from the date signed unless revoked or terminated by the patient or patient's representative.

**Right to terminate or revoke authorization:** You may revoke or terminate this authorization by submitting a written revocation to GastroIntestinal Healthcare. You should contact the Privacy/Compliance Officer to terminate this authorization.

**Potential for re-disclosure:** Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under Federal Privacy Regulations.

**Patient Name (please print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date of Signature:** \_\_\_\_\_

**Signature of Patient Representative:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 877-8353.

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (888) 877-8353。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (888) 877-8353.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (888) 877-8353.

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (888) 877-8353.

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 877-8353 번으로 전화해 주십시오.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: (888) 877-8353.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (888) 877-8353.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888) 877-8353.

**Tagalog-Filipino:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (888) 877-8353.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (888) 877-8353.

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (888) 877-8353.

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(888) 877-8353まで、お電話にてご連絡ください。

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (888) 877-8353 पर कॉल करें।

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (888) 877-8353 'ਤੇ ਕਾਲ ਕਰੋ।

### **Gastrointestinal Healthcare (919) 870-1311**