

PATIENT NAME: _____ **DOB:** _____

To maintain the HIPAA Privacy Practices, AnMed Health Cannon Memorial Hospital must have your permission for any contact that may be necessary.

By signing this form you will be able to access your medical record through "Follow My Health" which is a feature AnMed Health Cannon Memorial Hospital provides to help patients manage their own health record. The email address you provide us at registration will be the access point into your medical record so please use an email address that you are comfortable receiving confidential personal health information.

Please answer the questions below, so we may ensure that we do not breach your confidentiality in any way. We at AnMed Health Cannon Memorial hospital strive to provide the best quality of care in a competent and compassionate manner and appreciate your cooperation in this process.

1. How do you prefer to be contacted? Phone Mail E-Mail _____
 e-mail Address

2. If by phone, may we leave information on your voice mail or answering machine at the number you provide at registration, concerning your health? Yes No

3. Please list below names of people to whom we may talk or release records on your behalf regarding your protected health information.

FULL NAME	RELATIONSHIP	CONTACT NO.

OR

I do not wish for my protected health information to be given to anyone except other healthcare providers for continuity of care (ex. physician to whom I am referred, EMS for transfer, or other hospitals in an emergency situation).

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent in writing except where we have already made disclosures in reliance on your prior consent. Otherwise this consent will expire one (1) year after the date you signed.

Patient Signature _____ Date/Time _____

OR Personal Representative/Guardian (relationship to patient) _____

Witness: _____ Date/Time _____