Frank C. Candela, MD, FACS & David Z. Schreier MD, FACS, A Medical Corporation
Diplomates of the American Board of Surgery
Surgical Oncology, Minimally Invasive and General Surgery

HIPAA PRIVACY PRACTICES

The HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

My signature below constitutes my acknowledgement that I have been advised of the HIPAA privacy rule.

SIGNATURE:_____DATE:_____

PRINTED NAME:_____

If not signed by Patient, please indicate relationship:_____

Your medical records and health information are confidential and protected under HIPAA. We take the responsibility to secure your medical information seriously. Please advise us with whom we may share your information directly. No information will be given to any person unless they have your expressed authorization below:

PLEASE CHECK AND INDICATE NAME(S):

- ○ Spouse:_____
- ○ Parent:_____
- ○ Guardian:_____
- ○ Children:_____
- ○ Partner:_____
- ○ Others:_____

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY):

- ○ Home Telephone:_____
- ○ Work Telephone:_____
- ○ Cell Phone:_____
- ○ Fax:_____