

Vascular & General Surgical Specialists of SWFL- VGSS CONSENT TO DISCLOSE MEDICAL INFORMATION

Patient Name: _____ Date of Birth: _____

It is the policy of Vascular & General Surgical Specialists of SWFL to contact you at any of the phone numbers you provided on your registration form.

Note: Per our privacy statement, we always leave a detailed message on your answering machine/voicemail or with anyone who answers your phone when contacting you regarding an appointment and/or financial arrangements and/or when returning your call for questions/results. There may be times when we may have to communicate and disclose PHI with other people not listed on this form if you the patient are not capable or not present to speak with.

PLEASE CHOOSE AND SIGN OPTION (A) OR OPTION (B) ONLY!!!

OPTION A:

Please indicate who (family member or friend) Vascular & General Surgical Specialists of SWFL may disclose your protected health information to. (This consent is not an authorization to release records to other physician offices.)

NAME: _____	RELATION: _____
PHONE: _____	
NAME: _____	RELATION: _____
PHONE: _____	
NAME: _____	RELATION: _____
PHONE: _____	

I authorize the employees of Vascular & General Surgical Specialists of SWFL to disclose protected health information to the above people. I understand that I may revoke or change this consent at anytime by completing a new consent form.

PRINT- Name of Patient

Today's Date

Signature of patient **OR** Legal Guardian/Representative

Print name of Legal Guardian/Representative (if applicable)

OR

OPTION B:

By signing here I request that my protected health information be disclosed only to "ME" and no one else. I understand I will have to contact Vascular & General Surgical Specialists of SWFL myself for any and all correspondence needed. I understand that I may revoke or change this consent at anytime by completing a new consent form.

PRINT- Name of Patient

Today's Date

Signature of patient **OR** Legal Guardian/Representative

Print name of Legal Guardian/Representative (if applicable)

Internal use only: document the above information in Privacy-Consent notes