Notice of Privacy Practices (HIPAA) and Consent for

Release/Discussion of Information

Notice of Privacy Practices: I acknowledge that North Suburban Family Physicians has provided me a copy of its Notice of Privacy Practices. I understand that the Notice describes North Suburban Family Physicians' privacy practices regarding the use and/or disclosure of patient health information. (This Notice is available on our website at drtommcgowan.com, on the patient portal under medical forms, and additional copies are available at our front desk).

Permission to Communicate with Other Community Care Providers: I authorize the release of information about my medical condition/treatment to other treating or consulting providers to ensure continuity of care.

Permission to Discuss Medical Information via Non-Direct Avenues or Discuss Information with Specified Family Members:

YES_____ NO_____ I give permission for staff members and providers to leave messages including lab results, test results and information regarding my medical care on a private cellphone or home voicemail.

Preferred Number: _____

Yes_____ NO_____ I give permission for staff members and providers to discuss/share my medical information with: _____ (name of person and relationship to patient).

By my signature below, I acknowledge that I have read, understand, and agree to the terms of this consent form. I have had the opportunity to ask questions, and that any questions have been satisfactorily answered.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient (if minor): _____

---This Form Will Expire 1 Year from Today's Date, New Forms Will Need to Be Completed---