

Please read and initial at the (X_____) and sign at the bottom

**The Urology Group, P.C.
HIPAA Compliance Form**

I, _____, hereby authorize
The Urology Group, PC, physicians and office staff, to:

*Obtain and/or release copies of my medical records to any physician or institution for the purpose of evaluation and/or comparison with examination and testing being performed on myself.

X _____

*Obtain from my pharmacy and/or release to the pharmacy information regarding my medication history which will include a list of all the medications I am currently on.

X _____

*For the physicians and/or staff to leave messages regarding pending appointments and/or tests at my residence.

X _____

*Release any information necessary to expedite insurance claims. I understand I am responsible for any balance not covered by insurance and/or collection costs and legal fees incurred in an attempt to collect said balance. I also authorize payment to *The Urology Group, PC* for services rendered to me or my dependents.

X _____

*****MEDICARE PATIENTS ONLY...** I request that payment of authorized Medicare benefits be made whether to me or on my behalf to *The Urology Group, PC* for any services furnished me by this provider. I authorize any holder of medical information about me to release to the Health Care Financing and its agents any information needed to determine these benefits or the benefits payable for related services.

X _____

***RELEASE OF MEDICAL/BILLING INFORMATION:**

I authorize the physicians and staff of the *The Urology Group, PC* to release verbally or in writing, all medical information concerning my illness, treatment, insurance, billing information, and appointments to the following individuals. (*List the names of people and their relationship to you that you want us to speak with in the event you are not available - i.e. spouse, daughter, son, sibling, caregiver, etc.*) I understand this authorization stands in effect unless rescinded in writing by myself.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

***I do hereby acknowledge receipt of *The Urology Group, PC's* Notice of Privacy Practices.**

X _____

Signature: _____

Date: _____