Horizon Vascular Specialists

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	18111 Prince Philip Drive Suite 226 Olney, MD 20832	
240-529-1414 240-529-1697 - Fax	301-762-0277 301-762-7811- Fax	301-762-0227 301-916-6184- Fax

PERSONAL REPRESENTATIVE, FAMILY OR OTHER ENTITIES AUTHORIZED ACCESS TO PROTECTED HEALTH INFORMATION TO BE USED AND/OR DISCLOSED

Name or specifically identify these persons and/or other entities you are authorizing to make use of and/or to disclose your protected health information regarding treatment, payment and other healthcare operations other than yourself.

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Name of Authorized Person or Entity   Relationship   Phone #

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Name of Authorized Person or Entity   Relationship   Phone #

AUTHORIZATION FOR USE OF ANSWERING MACHINE AND/OR VOICE MAIL

Horizon Vascular Specialists physicians and staff routinely are unable to contact patients directly during normal business hours. On these occasions our offices leave messages on communication devices provided by our patients. Due to the new federally mandated HIPAA Privacy Rule we must obtain your authorization to continue this mode of communication. Protected Healthcare Information that we may possibly disclose on your home, work, or cell phone would include, but is not limited to: test/lab results, prescription/pharmacy information, appointment instructions for visits, ultrasound, procedures, and surgical scheduling information.

________ (Initial) Yes, I agree to allow Horizon Vascular Specialists physicians and staff to leave messages that include Protected Healthcare Information on all three communication devices: home, work and cell phone.

________ (Initial) I agree to allow Horizon Vascular Specialists physicians and staff to leave messages that include Protected Healthcare Information on the following: Please initial next to the applicable communication devices:

________ home number ________ work number ________cell number.

________ (Initial) No, I do not agree to allow Horizon Vascular Specialists physicians and staff to leave messages that include Protected Healthcare Information on my home, work or cell phone.

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Patient Signature   Date