



ROBERT M. MEYER, M.D.
Diplomate, American Board of Internal Medicine

HIPAA is an acronym for the Health Insurance Portability & Accountability Act of 1996, a federal law. Administrative Simplification section of this Act is of concern to our practice and requires us to comply with specific rules regarding:

- Unique Identifiers for health plans, providers, individuals and employers
- Healthcare Transactions & Code Sets for transmitting electronic data
- Privacy Regulations over disclosure and use of health information
- Security Regulations over protections of electronic health information

All of these rules have been developed by the Department of Health & Human Services and will become final in a staged manner.

It will be the policy of Meyer Internal Medicine to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voicemail, e-mail, cellular phones, pager and/or fax. Whenever returning telephone calls and an answering machine picks up, we will not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will not be left with an unauthorized person who may answer your telephone.

If you would like to have your medical information released to someone other than yourself, please complete the following:

I authorize Meyer Internal Medicine to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes.

- | | | |
|-------------------|------------------------------|-----------------------------|
| Home Telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Answering Machine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Voice Mail | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cellular Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pager | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please list authorizations:

Spouse/Fiance: _____

Parent: _____

Brother/Sister: _____

Son/Daughter: _____

Friend: _____