

Methodist Mansfield Minimally Invasive Surgical Associates

Patient Preference Regarding Communication of Health Information

In order to better protect your privacy under HIPAA, we have created this consent form for releasing medical information to family members and other people of choosing. This will also be used for consent to leave you detailed telephone messages at the mentioned phone numbers, mail your lab results to your home and also send secure email results to your personal email address once enrolled in NextMD.

Many times we have patient's family members call requesting medical information and legally we are not allowed to release that information without the patient's written consent.

The purpose of this document is to protect your privacy.

Communication to Family Members, Spouses or Other:

I, _____ DOB _____, hereby give my permission for the release of medical information regarding appointments and questions about my condition and treatment to the following person:

Name: _____ Relation: _____ Ph. _____

Name: _____ Relation: _____ Ph. _____

Name: _____ Relation: _____ Ph. _____

___ Check here if you do not give permission for additional family members, relatives or close personal friends to have access to any information regarding my medical condition(s).

Electronic Communication via NextMD (Secure Electronic Medical Record)

___ Yes, I want NextMD to communicate my information with me through a secure patient portal. You will be notified via email when there is secure information for you to review such as lab results. The email will provide a link that you will take to access the secure website. After clicking on the link, you will be required to log-in and provide your unique user name and password.

Please enter in the space below the email address you would like to use.

Email address: _____

In choosing your email address, please consider privacy implications; for example, any other person that may have access to your email or any other person, such as your employer, that may have the right and/ or ability to review all email received at your work address.

___ No, I do not want NextMD to use electronic communication as a way to communicate my information to me. If you select No and request test results, you will be required to schedule a follow up appointment with the doctor for review or it could take up to 10 business days to receive your results in the mail.

Communication via the Telephone

Detailed messages regarding my health information, appointments, etc may be left on voicemail at the following numbers:

_____ (work/ cell/ home) _____ (work/ cell/ home)

Consent and Agreement I have carefully reviewed this document and agree to fully comply with the guidelines defined herein for the communication of my health information.

Signature: _____

Date: _____