



**Ste. Genevieve County Memorial Hospital
Physician Clinics
Ste. Genevieve, MO 63670**

A federal regulation known as the “HIPAA Privacy Rule” requires that we provide you a detailed notice in writing of our privacy practices. It also requires us to address any special needs you may have to assure your patient information is kept confidential.

To better serve you:

May we call and remind you of your appointment? Yes No

May we leave a message on your answering machine? Yes No

May we leave results of any diagnostic test on your answering machine if you are not available? Yes No

May we call you at work with test results or other health related issues? Work # _____ Yes No

Other than yourself, do you authorize our office to discuss your health information and diagnostic tests with any other family member(s)? Yes No

If so, Whom?

_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____

Consent for Purposes of Treatment, Payment and Healthcare Services

I consent to the use or disclosure of my protected health information for the purposes of diagnosing or providing treatment to me, obtaining payment for my healthcare bills, or to conduct healthcare operations of the SGCMH Physician Clinics.

I have been offered a copy of this office’s Notice of Privacy Practices. I have been given the right to review such Notice of Privacy prior to signing this consent.

I am also aware that this Privacy Notice will apply to all physician offices affiliated with the Ste. Genevieve Memorial Hospital.

Patient Name (Please print)

Patient Signature

Legal Guardian Name (if applicable)

Signature

Relationship to Patient

Date