LANDMARK
DIGESTIVE HEALTH

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Use and Disclosure of Personal Health Information Agreement

This disclosure contains information regarding the privacy of your personal healthcare information. Please read it carefully before signing.

By signing this disclosure, I acknowledge that Landmark Digestive Health, PSC may use or disclose my medical information for the purpose of my treatment or obtaining payment for services rendered. I am aware that Landmark Digestive Health, PSC may disclose my medical information pertinent to treatment to other health care providers and that those health care providers will be bound by all appropriate legal restrictions.

Further, by signing this document, I acknowledge that I have been provided a copy of and have read the *Notice of Privacy Practices* containing a complete description of my rights, and the permitted uses and disclosure, under HIPAA.

Confidential messages, such as appointment reminders, may be left on your telephone answering machine or voicemail. Please list the phone number at which you prefer to be reached.

Phone Number: _____

Acknowledged and Agreed to by:

Patient Name: _____ **Date of Birth:** _____

Signature of Patient or Guardian: _____ **Date:** _____

The Federal Government restricts Landmark Digestive Health, PSC from discussing your health information and condition with other family members or person unless you specifically give your written consent. Please list any individuals who may be involved in coordinating your care or payment of care. Also, please indicate what type of information may be shared with each individual.

By my signature below, I grant Landmark Digestive Health, PSC permission to discuss my protected medical information to the listed individuals. I understand that I am responsible for notifying the office, in writing, of any changes to this authorization to discuss my personal health information.

Name	Relationship to Patient	All	Scheduling/ Appointments	Medical Information	Billing Information

Signature of Patient or Guardian: _____ **Date:** _____