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Authorization for disclosure of health information and direct

**Our Privacy Policy**

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, we understand that we have, and always will, respect the privacy of your health information.

**Disclosures of protected health information**

There are several reasons for having to use or disclose your PHI(personal health information)

- We may have to disclose your information to another healthcare provider or hospital should we refer you to them for a diagnosis, assessment, or treatment of your health condition.
- We may have to disclose PHI and/or billing records to another party if they are potentially responsible for the payment of your services.
- We may need to use your PHI within our practice for quality control or operational purposes.

**Your right to limit uses or disclosure**

- You have the right to request that we do not disclose your health information to specific individuals, companies or organizations. If you would like to place any restrictions on the use of disclosure of your PHI, we will respectfully request that you submit these restrictions in writing.

We have a more complete notice that provides a detailed description of how your information may be used or disclosed. You have the right to review that notice before you sign this consent form. (164.520)

I acknowledge that I have been offered to review a copy of the practice's Notice of Privacy Practices.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

9/5/2013