



Reddy GI Associates
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HIPAA NOTICES OF PRIVACY PRACTICES

Reddy GI Associates, PLLC is required by law to maintain the privacy of your health information and provide you notice of our legal duties and privacy practices with respect to your health information. A copy of the Reddy GI Associates, PLLC Privacy Practices is available to you upon request. (Full HIPAA disclaimer is available upon request).

Patient's Signature Date

PATIENT CONSENT FOR RELEASE OF MEDICATION INFORMATION

In order to protect your confidentiality and to comply with government regulations (HIPAA), Reddy GI Associates, PLLC is required to obtain authorization from you in order to leave messages and/or provide information regarding your care with any designated person, facility or physician.

Please list all others we are allowed to release information to:

Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

MESSAGES AND PHONE CALLS

I give my consent to the medical providers and staff of Reddy GI Associates, PLLC to call and leave messages or discuss scheduling/appointments, treatment, surgery, blood work results or other information regarding my care as follows:

On voicemail at home phone?	Yes	No
On voicemail on work phone?	Yes	No
On voicemail on mobile phone?	Yes	No
On email provided?	Yes	No
To designated person?	Yes	No

Patient's Printed Name: _____ Date: _____

Patient's Signature: _____