

Often times when calling to confirm your appointment our office staff will reach a voicemail or answering machine. Please answer the following questions regarding answering machine/cell phone voicemail use:

When calls are made to your home or cell phone, confirming your appointment, may appointment times and test instructions be left on your home answering machine or cell phone voicemail? YES NO

When awaiting lab or test results, may we leave results on your home answering machine or cell phone voicemail? YES NO

Patient Rights:

1. I understand that I have the right to inspect or copy the Protected Health Information that will be used or disclosed in accordance with this Authorization.
2. I understand that I may refuse to sign this Authorization and that refusal to sign will not affect my ability to obtain treatment, payment for services, or eligibility of benefits, unless the information is necessary to demonstrate that I meet eligibility or enrollment criteria.
3. I understand that unless otherwise revoked, this Authorization will expire on: _____
4. I understand that if I sign this Authorization, I have the right to change my mind and **revoke** it at any time by my signing the revocation section below. I also understand that any uses or disclosures already made with my permission cannot be taken back.

Revocation signature: _____ (Patient Signature) _____ (Date)

I understand that Pulmonary & Critical Care Associates, P.C., will adhere to the regulations as outlined by HIPAA and will follow the guidelines as I have outlined them.

Legal Representative's Name (If applicable)	Legal Representative's Relationship to Individual (A letter of authority may be requested)	
Signature of Individual or Legal Representative		Date