

JAMES M. RHYNE, M.D., P.A.
DESIGNATIONS OF PERSONS INVOLVED IN PATIENT CARE
HIPAA (health insurance portability & accountability act)

Our office is implementing policies and procedures to ensure that the privacy and confidentiality of your medical records is protected. As a result of these policies and procedures, in many cases we cannot share protected health information about you with your family members or friends unless we have received your instructions or permission to do so.

This document is **NOT** intended to allow the persons you list below to make medical decisions about your care. **It is intended to notify our office of the individuals who are likely to be involved in your care, and authorizes the office to provide information about your diagnosis treatment and care to those persons.**

The persons you list below can be deleted or changed at any time by giving our office notice in writing that you wish to revise the list. Please direct any requests to revise the list to:

James M. Rhyne, M.D., P.A.
757 Bryant Street
Statesville, NC 28677

If you have any questions about this form, do not hesitate to ask to speak with:
Mary Beth Ajello, Practice Manager
704-873-5658 ext 18

Patient Name: _____

Patient Date of Birth: _____

Do we have your permission to leave a detailed phone message at your home or cell number? YES _____ NO _____

I hereby authorize the following persons, who are likely to be involved in my care, to receive information about my diagnosis treatment and care from the office of James M. Rhyne, M. D., P.A.

Name: _____ Relation to Patient: _____

Name: _____ Relations to Patient: _____

Name: _____ Relations to Patient: _____

Signature: _____ Date: _____