

DIGESTIVE HEALTHCARE OF GEORGIA, P.C.

Disclosures to Family Members Policy

Patient Name: _____ MRN _____

Digestive Healthcare of Georgia has adopted the Disclosures to Family Members Policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by the HITECH Act, the Department of Health and Human Services ("DHHS") security and privacy regulations, and the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") accreditation standards, as well as it being duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics and accreditation requirements.

To ensure Digestive Healthcare of Georgia meets the guidelines of the Disclosures to Family Members Policy, we would like to reassure that the family members and/or close personal friends or anyone whom the patient allows to be a part of their PHI will also be able to read the Physicians results after the patient's procedure.

Please select one of the following:

I DO NOT object to disclosing my health information.

I DO object to disclosing my health information

I ONLY OBJECT to disclosing my health information to the following persons(s):

Patient Signature

Date: ____/____/____