DISCLOSURE FORM

Public law of the State of New Jersey and rules of the Board of Medical Examiners mandates that a physician, podiatrist and all other licenses of the Board of Medical Examiners inform patients of any significant financial interest held in a health care service.

You may, of course, seek treatment at a health care service provider of your choice. A listing of alternative health care service providers can be found in the classified section of your telephone directory under the appropriate heading.

I have discussed with the Doctor the health care services that they will provide to me in connection with my treatment, including all diagnostic testing and surgical procedures, and the available in-network and out-of-network facilities relative to my treatment. Based upon this information, I have decided that it is in my best medical interest to receive testing, treatment and surgery at Performance Surgery center, which is an out-of-network facility. Insurance reimbursement for services and facility fees will be on an out-of-network basis, and I may have out-of-pocket expenses not covered by my insurances for which I may be personally responsible.

PATIENT RECORD OF DISCLOSURES

In general, the HIPPA privacy rule gives individuals the right to request a restriction on use and disclosures of their protected, health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply)

☐ Home Telephone:_____
☐ O.K. to leave message with detailed information
☐ Leave message with call back number only

☐ Written Communication
☐ O.K. to mail to my home address:
_____
_____

☐ Cell Telephone:_____
☐ O.K. to leave message with detailed information
☐ Leave message with call back number only

☐ Written Communication
☐ O.K. to mail to my work address:
_____
_____

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of any request for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization request by the individual. Healthcare entities must keep records of PHI disclosures. Information provided below. If completed properly, will constitute an adequate record. **Note: Use and disclosures for Treatment, Payment, and/or Health Care Operations (TPO) may be permitted without prior consent in an emergency.**

RECORD OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

Date	Disclosure to Who, Address, & Fax	1	Description of Disclosure	Disclosure made by	2

T = Treatment P = Payment O = Healthcare Operations F = Fax P = Phone E = E-mail M = Mail C = Cell Phone O = Other

_____ _____ _____
PRINT NAME *SIGNATURE* *DATE*

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