

Palmetto Medical Group

1040 Edgewater Corp Pkwy suite 101

Indian Land SC 29707

ph: 803-548-7007 f: 803- 802-2015

Amit Shah, MD | Alexa-Gail Woolery, DNP, FNP-BC

Health Insurance Portability and Accountability Act

I hereby authorize Palmetto Medical Group to use and/or disclose my Protected Health Information to person(s) or organization(s) I have specified below:

Patient's Name: _____ Birthdate: _____

Name	Relationship	Phone Number	

Initial below if you give consent.

_____ Disclose my complete health information including, but not limited to, diagnoses, lab test results, treatment, and billing records for all conditions.

_____ I hereby authorize the release of my health information with the following exclusions:

I understand that I may revoke this authorization at any time and can do so by submitting a written request to:

HIPAA Compliance Officer
Palmetto Medical Group
1040 Edgewater Corporate Parkway, Suite 101
Indian Land, SC 29707

If I decide to revoke this authorization, I understand that my health information may have been shared with persons and organizations prior to the date of my revocation. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

Patient's Name: _____ Date: _____

Signature of Patient or Legal Guardian

Print Name of Legal Guardian Relationship to patient

Please check which is acceptable.

_____ Leave a detailed message on voicemail

_____ Leave a detailed message with individual above.

_____ Can leave a call back number.

_____ Can receive an email.