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GOAR DE LAMERENS, M.D.

YOUR RIGHT TO MEDICAL INFORMATION CONFIDENTIALITY

HIPAA is an acronym that stands for Health Insurance Portability and Accountability Act that was made into law in 1996. By law, if you are 18 years or older, you have the right to strict confidentiality regarding your visits to *Associates in Internal Medicine*. In order to release any information including the date or nature of your visit, *Associates in Internal Medicine* has to have **your signed consent and specific directions about what information you are consenting to be released**. Without written consent, *Associates in Internal Medicine* cannot release or discuss any information about your visit with anyone including your spouse, parents or other medical professionals, who are not directly involved in your health care.

Patient Name: _____

Date of Birth: _____ **Date:** _____

I have read and understand my right to confidentiality. I give my permission to *Associates in Internal Medicine* to discuss medical information about me with the following instructions: **(List anything that you specifically do NOT want us to discuss or state “Okay to discuss all” if it is okay to discuss any of your medical information.)**

With the following people listed only:

_____ **Relationship:** _____

_____ **Relationship:** _____

_____ **Relationship:** _____

Signature: _____ **Date:** _____

AIIM Staff: _____ **Date:** _____