Robert A. Crook, D.O.

PRIVACY RESTRICTION

As your healthcare provider, I want you to understand that everything you tell me is confidential. New federal regulations require physician practices to keep your medical information private. Our practice has always guarded the privacy of our patients. We only share your medical information with other healthcare providers that are participating in your care, your insurance company to provide your benefits, or for medical management issues. We will not discuss your condition with anyone else (i.e., parents/guardians, spouses) without your approval in writing.

I understand the above statement and (check one box below): () I do not mind that my medical information is shared with my parent/guardian or spouse at anytime. () I want my medical information to remain confidential. My protected health information should NOT be shared with any other individual I realize that unless I pay cash for all services provided, there is a chance that an insurance company may release information to the person(s) paying for my medical insurance. I also realize that restriction must be approved by Healthplus who may deny my request. Patient Signature

Emergency treatment EXCEPTION: if the Privacy Office agrees to a restriction, HIPAA privacy regulations provide an exception in emergency treatment situations for hospital or physician to use and disclose necessary information to treat the patient.

Date