



APPALACHIAN PHYSICAL MEDICINE

William M. Platt, M.D., FAAPMR, FAADEP

2204 Pavilion Dr., Suite 107 • Kingsport, Tennessee 37660

Phone (423) 392-8100 Fax (423) 392-8105

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

PATIENT

DOB

To protect your privacy, and be in compliance with HIPAA, we need your permission to leave messages on your voice mail and/or with family members.

I authorize Appalachian Physical Medicine and staff to leave medical information pertaining to my care by the following methods and will assume responsibility of notifying Appalachian Physical Medicine whenever the information changes.

HOME ANSWERING MACHINE YES NO NOT APPLICABLE

Home phone #

CELL PHONE VOICE MAIL YES NO NOT APPLICABLE

Cell phone #

If you would like to authorize to have information released to someone other than yourself, please complete the following. Please note: if you would like for your spouse/significant other, etc. to call regarding your care and/or appointments, we need your permission to discuss with them.

Name

Relationship

Phone #

Name

Relationship

Phone #

Signature

Date

This office will begin utilizing an electronic prescription service effective 2/7/11. Your signature below authorizes the providers here at Appalachian Physical Medicine to verify your prescription history electronically.

Signature

Date