Pulmonary Physicians
of Carondelet
Carondelet Physician Services
816-389-6100

Timothy W. Smith, MD
Cosmo Caruso, MD
Patrick Perkins, MD
Cheryl Daugherty, ANP-C

Authorization to Disclose Information to Family Members/Friends

I, the undersigned, authorize Pulmonary Physicians of Carondelet (PPKC) to disclose all of my medical information to the following people: _____

_____

The expiration date for this authorization is _____/_____/_____ unless I revoke or terminate this authorization. I understand that I have the right to revoke or terminate this authorization by submitting a written revocation to the office manager for Pulmonary Physicians of Kansas City. I understand that the information disclosed under this authorization may be disclosed again by the person or organization to which it is released. The privacy of this information may not be protected under federal privacy regulations.

HIPAA Message Authorization

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses 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

__Okay to leave a message with detailed info

__Leave a message with a call-back number only

__ Work Telephone

__ Okay to leave a message with detailed info

__ Leave a message with a call-back number only

___Written Communication

__Okay to mail to my home address

__ Okay to mail to my work address

__ Okay to fax to this number :

Patient/Guardian Signature _____

Date _____

Name (Printed) _____ Date of Birth ____ /____ /_____