

**Blue Ridge Plastic Surgery Group, PLLC  
141 Doctors Dr  
Boone, NC 28607  
(828) 268-0082**

**Individual Patient's 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 \_\_\_\_\_  
 O.K. to leave a message with detailed information  
 Leave message that you have an appt w/ Dr.Anagnos

Work Telephone \_\_\_\_\_ &/or  Cell Phone \_\_\_\_\_  
 O.K. to leave message with detailed information  
 Leave message with call back number only

**Persons To Whom Information May Be Disclosed**

I hereby authorize one or all of the designated parties below to request and receive the release of any protected health information regarding my treatment, payment or administration operations related to treatment and payment.

Name: \_\_\_\_\_ Contact # \_\_\_\_\_  
Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Contact # \_\_\_\_\_  
Relationship \_\_\_\_\_

Doctor/Medical Facility \_\_\_\_\_ ph \_\_\_\_\_

**Acknowledgement of Receipt of Notice of Privacy Practices**

By signing below I confirm that I have read a copy of the PRIVACY STANDARDS: PROTECTED HEALTH INFORMATION brochure from Blue Ridge Plastic Surgery Group.

\_\_\_\_\_ Date \_\_\_\_\_