

HCA PHYSICIAN SERVICES

Ocala Health Surgical Group

PATIENT INFORMATION DESIGNATION

We are committed to providing quality care that is sensitive, compassionate, promptly delivered, and cost effective, as reflected in the HCA Commitment to Our Patients. The privacy of patient information is second only in importance to patient care itself.

In order to better protect your privacy, we are requesting you identify or designate family members and friends whom you would like us to share your personal health information.

The family member or friend seeking information will need to provide this designation to the nurse or other workforce member that they are speaking with, in order to receive any information other than general condition.

This designation will serve as your authorization to disclose your personal health information for purposes such as communicating results, findings, and care decisions to family members and friends. The practice upon notice by the patient will update the family members and friends.

Please specify to whom this information may be released:

Authorized Person	Relationship To You
▪ _____	_____
▪ _____	_____
▪ _____	_____
▪ _____	_____

What information may be released?	Lab results	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	X-ray reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Medications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Appointments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Financial/Billing	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I understand that this document is a part of my permanent medical record, and that I may make changes regarding the disclosure of my health information at any time and that I need to notify my physician in writing of these changes. If you have any questions regarding your privacy as a patient, please contact the Facility Privacy at 352-291-240.

Patient Signature

Date