ROCKLAND ENDOCRINE & DIABETES SERVICES, P.C.

HIPAA – Health Insurance Portability and Accountability Act prompted new federal regulations, which require physicians to ensure they are protecting the privacy and security of patients' medical information.

Your signature will allow us to transmit your information to your insurance companies as well as share your medical records with other physicians, medical groups including radiologists on a need to know basis.

In addition, you have the right to request disclosure of your information to family members, other relatives, or any other person identified by you. Please list below.

NAME_____ **RELATIONSHIP**_____
(PLEASE PRINT)

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NAME_____ **RELATIONSHIP**_____
(PLEASE PRINT)

SIGNATURE_____ **DATE**_____

PRINT_____ **DATE**_____