

*G. William Salvador, MD, PC
Adult & Geriatric Psychiatry*

Consent of Disclosure

(For the usage and/or Disclosure of Protected Health Information)

I hereby give consent to G. William Salvador, M.D., to use and disclose my protected health information for the purposes of treatment, payment, and health care operations.

You may cancel this consent at any time. Your cancellation must be in writing, signed by you on your behalf and delivered to the address at the bottom of this form. This may be delivered in person or by mail. It will only be effective when I actually receive it. Your cancellation will not be effective to the extent that others or I have acted in reliance upon this consent.

You have the right to request restrictions on the usage and disclosure of your protected health information for the purposes of treatment, payment, or health care operations. I am not required to grant your request; however, if I do, the restrictions will be obligatory to me.

My Posted Privacy Policy provides more detailed information about the usage and disclosure of your protected health information. You have the right to review my Posted Privacy Policy before you sign this consent.

I reserve the right to amend the terms of my Posted Privacy policy. You may obtain a copy of the current policy by requesting a copy from me.

Name of Patient (Print): _____

Signature: _____

If you are signing as the patient's representative:

Print Your Name: _____

Relationship: _____

Instructions for Communication of Personal Health Information

Please indicate by what means my office may communicate personal health information to you:

(Please check all that apply)

___ Fax.....(Fax number)_____

___ Answering Machine / Voice Mail.....(Phone number)_____

___ Authorized Person(s).....(Names of individuals)_____

We may ___ / may not ___ phone you to confirm your appointments.

The authorized person(s) listed above may ___ / may not ___ schedule, cancel, or confirm appointments for you.

Print your full name

Signature

Date

727 SE Cass Ave, Suite 325
Roseburg, OR 97470
Phone: 541-957-5762
Fax: 541-343-6434

401 East 10th Ave, Suite 230
Eugene, OR 97401
Phone: 541-684-0154
Fax: 541-343-6434