G. William Salbador, 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 Salbador, 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

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