

Please help us by providing the following information.

**Disclosure Consent**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_

Due to the Health Insurance Portability and Accountability Act (HIPAA) regulations – it is necessary that all patients/parents complete one of these forms. This allows us to discuss partial or all treatment to family members/friends etc. The information you indicate will **only** be disclosed to those you check.

I, (patient/guardian name) \_\_\_\_\_ give my permission to disclose the following information:

\_\_\_\_\_ Any and All Info \_\_\_\_\_ Medical Information \_\_\_\_\_ Appointment Confirmations/Information to the following people (including parent names):

Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

**Messages (Including Text Messages) may be left on the following phone #'s:**

Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work \_\_\_\_\_ Work Voice Mail \_\_\_\_\_  
Other \_\_\_\_\_ Do Not Leave Any Msgs \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailings:**

\_\_\_\_\_ I give my permission to have appointment and medical information mailed to my home address.

**Signature of Patient/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Due to Government Regulations we ask that you provide us with the following information:**

**Race:** a.White b.Black/African American c.Asian d.Native Hawaiian/Other Pacific Islander  
d.American Indian/Alaska Native e.Other f.Decline g.Unknown

**Ethnicity** (circle one): a. Spanish/Hispanic Origin b. Not of Spanish/Hispanic Origin  
c. Patient Decline d. Unknown

**Primary Language:** \_\_\_\_\_

Do You Smoke? (for patients 13 years and older): Yes No

Primary Pharmacy Name \_\_\_\_\_ Phone # \_\_\_\_\_ Location \_\_\_\_\_

Secondary Pharmacy Name \_\_\_\_\_ Phone # \_\_\_\_\_ Location \_\_\_\_\_

Mail Away Pharmacy \_\_\_\_\_

I give my (patient/guardian) permission for Allentown Asthma & Allergy to contact/release information to my insurance and prescription plan(s).

**Signature of Patient/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_