

GFP

GENEVA FAMILY PRACTICE

302 Randall Road * Suite 202 * Geneva, IL 60134 * (630) 232-1818 * Fax (630) 232-1868
www.genevafamilypractice.com * GFP@GFP1.com

HEALTH INFORMATION PRIVACY PROTECTION FORM (HIPAA)

You have the right to restrict communication regarding your health issues. This form is to specify to whom we may communicate your protected health information.

Patient Information

Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Work phone: _____ E-mail: _____

Persons (other than yourself) to whom we may communicate your health information.

No One

Spouse

Parent

Other

Name: _____ Name: _____ Name: _____

Addresses (other than your own listed below) where we can send your protected health information:

None

Other _____

Telephone numbers (other than above) where we may send your protected health information:

None

Other _____

Signature: _____

Date: _____

**It is your responsibility to inform us immediately if you change your mind about any of the above information.