



## Privacy Policy

Caring Hands Healthcare Centers, Inc. is not able to discuss any of your private information with anyone without your specific permission, unless it is required or permitted by law (immunizations, workman's compensation claims, and subpoenas). This form is for those patients that give their permission for someone else in their household or family member to discuss any information with us. You have to give us their full name and relation to you.

I authorize Caring Hands Healthcare Centers, Inc. to discuss medical information with the following person(s)

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\_\_\_\_\_  
**Print Patient Name**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

### **Health Information Exchange**

We may participate in a health information exchange (HIE). Generally an HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in a HIE, we may share your health information with other providers that participate in the HIE or participants of other health information exchanges. If you do not want your medical information to be available through the HIE, you must request a restriction. You can do so by completing an Opt-Out form from the Registration Clerk

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

\_\_\_\_\_  
**Date**

### **Voicemail**

I authorize Caring Hands Healthcare Centers, Inc. to leave messages on my voicemail/answering machine concerning appointment verifications and/or reminders.

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

\_\_\_\_\_  
**Date**