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Authorization to Disclose Information to Family Members/Friends

I, the undersigned, authorize Paloma Medical Group to disclose all of my medical information to the following people: _____

_____. This authorization will remain in effect until revoked. I understand that I have the right to revoke or terminate this authorization by submitting a written revocation to Paloma Medical Group. I understand that the information disclosed under this authorization may be disclosed again by the person or organization to which it is released. The privacy of this information may not be protected under federal privacy regulations.

HIPAA Message Authorization

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual’s office instead of the individual’s home.

I wish to be contacted in the following manner (check ALL that apply): Home Written Cell phone
 Okay to leave a message on cell phone with detailed info Okay to mail to my home address
 Leave a message with a call-back number only Okay to fax to this number:
 Okay to email at this email address:
 Okay to leave message on home phone with detailed info

Acknowledgment of Receipt of Paloma Medical Group’s “NOTICE OF PRIVACY PRACTICES”

I, (*patient’s name*): _____ acknowledge that I have received a copy of Paloma Medical Group’s notice of privacy practices. This notice describes how Paloma Medical Group may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information and the rights I have regarding my protected health information.

A MESSAGE TO OUR PATIENTS ABOUT ARBITRATION

You will be asked to sign an arbitration agreement when you come to our office. By signing this agreement, we are agreeing that any dispute arising out of the medical services you receive is to be resolved in binding arbitration rather than through a lawsuit in court. Lawsuits are something that no one anticipates and everyone hopes to avoid. We believe the method of resolving disputes by arbitration is one of the fairest systems for both patients and physicians. Arbitration agreements between health care providers and their patients have long been recognized and approved by California courts. By signing this agreement you are changing the place where your claim will be presented. You still can call witnesses and present evidence. Each party selects an arbitrator (party arbitrators), who then select a third, neutral arbitrator. These three arbitrators hear the case. This agreement generally helps to limit the legal costs for both patients and physicians. This is because the time it takes to conduct an arbitration hearing is far less than a jury trial. Further, both parties are spared some of the rigors of trial and the publicity, which may accompany judicial proceedings. Our goal, of course, is to provide medical care in such a way as to avoid any such dispute. We know that most problems begin with communication. Therefore, if you have any questions about your care, please ask.

Patient/Guardian Signature _____ Date _____

Name (Printed) _____ Date of Birth ____ / ____ / _____