



1 Diamond Hill Road • Berkeley Heights, NJ 07922
908-273-4300 • www.smgnj.com

SUMMARY OF THE NOTICE OF PRIVACY PRACTICES Summit Medical Group

Effective Date: March 2013

WHAT IS THIS NOTICE FOR? This Notice of Privacy Practices (Notice) describes how Summit Medical Group (“SMG”) may use and disclose your medical information that we maintain and how you can get access to this information.

WHO ARE WE? SMG is a multi-specialty physician practice which consists of all physicians, nurses, employees, and other healthcare professionals. This Notice applies to all services that are provided to you at SMG.

WHY DO YOU NEED THIS NOTICE? The Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, places certain obligations upon us with regard to how we may use and disclose your *protected health information* (PHI). Your PHI includes medical information about you such as your medical record and the care and services you have received. We are committed to maintaining the privacy of your PHI. When we need to use or disclose it, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your PHI with others, we only provide the minimum amount of data necessary to respond to the need or request.

WHEN CAN WE USE/DISCLOSE YOUR PHI? There are certain uses and disclosures of your PHI that we may undertake **without your written or other authorization**. These uses and disclosures may be for purposes such as to provide you with treatment, obtain payment for services we have provided, and other health care operations (such as administration, quality improvement, cost studies and other activities designed to improve the care we provide to all our patients). Individuals who may have access to your information **without your written or other authorization** may include doctors, nurses, other SMG staff, health care students, and other similarly qualified individuals involved in your care. Some other examples include: PHI made known to your relatives, close friends, or caregivers, public health activities and officials, reporting of abuse or neglect as may be required by law, health oversight activities, judicial and administrative proceedings, law enforcement officials, workers’ compensation, and other individuals and activities as set forth in this Notice.

WE MUST OBTAIN YOUR WRITTEN AUTHORIZATION FOR ANY USE OR DISCLOSURE NOT SET FORTH IN THIS NOTICE. You may revoke this authorization AT ANY TIME. In addition to obtaining your written authorization for uses or disclosures not described in this Notice, we generally will need to seek your written authorization prior to disclosing the following information:

- HIV/AIDS related information
- Sexually transmitted disease information
- Tuberculosis information
- Psychotherapy notes
- Mental health information
- Drug & alcohol information
- Genetic information
- Any information where you, if a minor, sought emancipated treatment (e.g., care related to your pregnancy or child, sexually transmitted diseases, etc)



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We will also seek your **written authorization** for any “marketing” activities we may conduct or where we would receive money for providing a third party with your PHI.

WHAT RIGHTS DO YOU HAVE FOR YOUR PHI? You have the right to ask us to limit certain uses and disclosures of your PHI. We will consider ALL requests but may not be *required* to agree to your requested limitations (except as otherwise set forth in further detail in the Notice of Privacy Practices). You also have the right to inspect and receive (for a reasonable, cost-based fee) copies of your PHI, the right to request a change or amendment be made to your PHI, the right to be notified of a breach of your unsecured PHI, the right to an accounting (a list) of certain disclosures of your PHI, and the right to revoke any authorization you may have made to the extent we have not yet relied upon it. You also have the right to receive a paper copy of this Notice at any time.

CAN WE CHANGE THIS NOTICE? We may change this Notice at any time. The revised Notice will apply to all PHI that we maintain. However, if we do change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where all individuals seeking services from us will be able to read the Notice. This Notice will be on our website as well at http://www.summitmedicalgroup.com/about/HIPAA_and_Your_Privacy/. You may obtain the new Notice in hard copy as well from our Privacy Officer, who can be reached at 908-790-6558.

ADDITIONAL INFORMATION/COMPLAINTS. You may contact our Privacy Officer if you wish any additional information or have questions concerning this Notice or your PHI. If you feel that your privacy rights have been violated, you may also contact the Privacy Officer, our Legal Department OR file a written complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services. **We will NOT retaliate against you if you file a complaint with us or the Office for Civil Rights.**

**THE ABOVE IS ONLY A SUMMARY OF THE RIGHTS AND OBLIGATIONS WITHIN THIS NOTICE.
PLEASE READ CAREFULLY THE ENTIRE NOTICE THAT FOLLOWS.
WE WELCOME ANY QUESTIONS YOU MAY HAVE.**



NOTICE OF PRIVACY PRACTICES

Effective: March 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. WHO WE ARE

This Notice describes the privacy practices of Summit Medical Group (“SMG”), and our employed doctors, nurses, employees and other personnel. This Notice applies to all services that are provided to you at SMG and each of our facilities.

II. WHY YOU NEED THIS NOTICE

We are committed to maintaining the privacy of your **protected health information** (“PHI”). Your PHI includes medical information about you such as your medical record and the care and services that you have received from us. We need this information to provide you with the appropriate level of care and also to comply with certain legal obligations we may have.

The Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, places certain obligations upon us with regard to your PHI and requires that we keep confidential any medical information that identifies you. We take this obligation seriously and when we need to use or disclose your PHI, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your PHI with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request.

III. USES AND DISCLOSURES OF YOUR PHI THAT DO NOT REQUIRE YOUR AUTHORIZATION

We are permitted by law to use and disclose your PHI without your written or other form of authorization under certain circumstances as described below. This means that we do not have to ask you before we use or disclose your PHI for purposes such as to provide you with treatment, seek payment for our services, or for health care operations. We may also use or disclose your PHI without asking you for other activities or to state and/or federal officials.

➤ Treatment, Payment and Health Care Operations.

- *Treatment* - We may use and disclose your PHI in order to provide you with medical treatment or services. Your PHI may be used or disclosed to our doctors, nurses, employees and other personnel who may be involved in your care. Your PHI may also be disclosed to individuals outside of our facility, such as family members, friends or other caregivers, clergy, nursing homes and other health care providers who may be involved in your care.
- *Payment* – We may use and disclose your PHI in order for our doctors and other health care professionals to obtain payment for the medical treatment or services they provide you with. This means that we may provide your health plan or HMO with information regarding treatment you received from us, such as X-Rays or examinations, so that we may properly be paid for such services. We may also contact your health



plan or HMO regarding future treatment or services you may be provided with in order to obtain approval or to find out whether your health plan or HMO will pay for the treatment or services.

- *Health Care Operations* – We may use and disclose your PHI for our internal health care operations, such as administration, planning, quality improvement, and other activities that help us provide you with quality care. For example, your PHI may be used to help us evaluate our doctors, nurses and employees, or to help us provide them with education and training. Your PHI may also be disclosed to and used by our administrative staff to help us coordinate your care and respond to any concerns you may have. In addition, your PHI may be provided to our accountants, attorneys, and other consultants in order to make sure we're complying with the laws that affect us. We may also use and disclose your PHI in order to provide you with reminders of appointments you have scheduled with our doctors or other health care professionals.
- Treatment Alternatives, Health-related Benefits and Services. We may use and disclose your PHI to communicate with you regarding treatment options and alternatives or make recommendations that may be of interest to you. We may also use and disclose your PHI to provide you with information regarding health-related benefits and services that may be of interest to you. You have a right to opt-out of receiving these communications and may do so at any time. If you wish to opt-out of receiving these communications in the future, please contact the Privacy Officer at 908-277-8686 or in writing at 150 Floral Avenue, New Providence, NJ 07974.
- Other Healthcare Providers. We may disclose your PHI to other health care professionals where it may be required by them to treat you, to obtain payment for the services they provided you with or their own health care operations.
- Disclosures to Relatives, Close Friends, Caregivers. We may disclose your PHI to family members and relatives, close friends, caregivers or other individuals that you may identify so long as we:
 - Obtain your agreement;
 - Provide you with the opportunity to object to the disclosure and you do not object; or
 - We reasonably infer that you would not object to the disclosure.

If you are not present or, due to your incapacity or an emergency, you are unable to agree or object to a use or disclosure, we may exercise our professional judgment in order to determine whether such use or disclosure would be in your best interests. Where we would disclose information to a family member, other relatives, or a close friend, we would disclose only that information we believe is directly relevant to his or her involvement with your care or payment related to your care. We will also disclose your PHI in order to notify or assist with notifying such persons of your location, general condition or death. You may at any time request that we do NOT disclose your PHI to any of these individuals.

- Public Health Activities. We may disclose your PHI for certain public health activities as required by law, including:
 - to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - to report certain immunization information where required by law, such as to the state immunization registry or to your child's school;
 - to report births and deaths;
 - to report child abuse to public health authorities or other government authorities authorized by law to receive such reports;



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- to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration, such as reactions to medications;
 - to notify you and other patients of any product or medication recalls that may affect you;
 - to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and
 - to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- Health Oversight Activities. We may disclose your PHI to a health oversight agency such as Medicaid or Medicare that oversees health care systems and delivery, to assist with audits or investigations designed for ensuring compliance with such government health care programs.
- Victims of Abuse, Neglect, Domestic Violence. Where we have reason to believe that you are or may be a victim of abuse, neglect or domestic violence, we may disclose your PHI to the proper governmental authority, including social or protective service agencies, who are authorized by law to receive such reports.
- Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a court order, subpoena or other lawful process in the course of a judicial or administrative proceeding. For example, we may disclose your PHI in the course of a lawsuit you have initiated against another for compensation or damage for personal injuries you received to that person or his insurance carrier.
- Law Enforcement Officials. We may disclose your PHI to police or other law enforcement officials as may be required or permitted by law or pursuant to a court order, subpoena or other lawful process. For example, we may disclose your PHI to police in order to identify a suspect, fugitive, material witness or missing person. We may also disclose your PHI to police where it may concern a death we believe is a result of criminal conduct or due to criminal conduct within our premises. We may also disclose your PHI where it would be necessary in an emergency to report a crime, identify a victim of a crime, or identify or locate the person who may have committed a crime.
- Decedents. We may disclose your health information to medical coroners for purposes of identifying or determining cause of death or to funeral directors in order for them to carry out their duties as permitted or required by law.
- Workers Compensation. We may use or disclose your PHI to the extent necessary to comply with state law for workers' compensation or other similar programs, for example, regarding a work-related injury you received.
- Research. SMG values the privacy of its patients when conducting research and we will not generally use or disclose PHI without first obtaining a HIPAA compliant authorization, unless our research committee has waived the authorization requirement.
- Fundraising Communications. From time to time, we may contact you by phone, email or in writing to solicit tax-deductible contributions to support our activities. In doing so, we may disclose to our fundraising staff certain demographic information about you, such as your name, address and phone number, as well as certain other limited information. You have a right to opt-out of receiving these communications and may do so at any time by contacting our Privacy Officer.
- Health or Safety. We may use or disclose your PHI where necessary to prevent or lessen threat of imminent, serious physical violence against you or another identifiable individual, or a threat to the general public.



- Military and Veterans. For members of the armed forces and veterans, we may disclose your PHI as may be required by military command authorities. If you are a foreign military personnel member, your PHI may also be released to appropriate foreign military authority.
- Specialized Government Functions. We may disclose your PHI to governmental units with special functions under certain circumstances. For example, your PHI may be disclosed to any of the U.S. Armed Forces or the U.S. Department of State.
- National Security and Intelligence Activities. We may disclose your PHI to authorized federal officials for purpose of intelligence, counter-intelligence and other national security activities that may be authorized by law.
- Protective Services for the President and Others. We may disclose your PHI to authorized federal officials for purposes of providing protection to the President of the United States, other authorized persons or foreign heads of state or for purposes of conducting special investigations.
- Inmates. If you are an inmate in a correctional institution or otherwise in the custody of law enforcement, we may disclose your PHI about you to the correctional institution or law enforcement official(s) where necessary:
 - For the institution to provide health care;
 - To protect your health and safety or the health and safety of others; or
 - For the safety and security of the correctional institution.
- Organ and Tissue Procurement. Where you are an organ donor, we may disclose your PHI to organizations that facilitate or procure organs, tissue or eye donations or transplantation.
- As Required by Law. We may use or disclose your PHI in any other circumstances other than those listed above where we would be required by state or federal law or regulation to do so.
- HIO Participation. We may use or disclose your PHI in connection with an electronic Health Information Exchange Organization (HIO) that we may participate in. Other health care providers, such as physicians, hospitals and other health care facilities, may have access to your information in the HIO for treatment, payment and other purposes to the extent permitted by law. You have the right to “opt-out” or decline to participate in the HIE and we will provide you with this right at the earliest opportunity. If you choose to opt-out of the HIE, we will not use or disclose any of your information in connection with the HIE.

IV. USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

In general, we will need your **specific written authorization** on our HIPAA Authorization Form to use or disclose your PHI for any purpose other than those listed above in Section III. For example, in order for us to send your information to your life insurance company, you would need to sign our HIPAA Authorization Form and tell us what information you would like sent.

We will seek your **specific written authorization** for *at least* the following information unless the use or disclosure would be otherwise permitted or required by law as described above:

- HIV/AIDS information. **In most cases, we will NOT release any of your HIV/AIDS related information unless your authorization expressly states that we may do so.** There are certain purposes, however, for which we may be permitted to release your HIV/AIDS information without obtaining your express authorization. For example, we



may release information regarding your HIV/AIDS status to your insurance company or HMO for purposes of receiving payment for services we provided you with. We may also release information regarding HIV/AIDS status of yourself and other patients where the information has been “de-identified” (meaning, the information cannot be used in any way to identify you). Other instances where we may use or disclose HIV/AIDS information without your express authorization include:

- For your diagnosis and treatment;
 - For scientific research;
 - For management audits, financial audits or program evaluation;
 - For medical education;
 - For disease prevention and control, when permitted by the New Jersey Department of Health
 - To comply with certain court orders; and
 - When otherwise required by law, to the New Jersey Department of Health or another entity.
- Sexually transmitted disease information. We must obtain your specific written authorization prior to disclosing any information that would identify you as having or being suspected of having a sexually transmitted disease. We may use and disclose information related to sexually transmitted diseases without obtaining your authorization only where permitted by law, including to the New Jersey Department of Health, to your physician or a health authority, or to a prosecuting officer or court if you are being prosecuted under New Jersey law. Where necessary, your physician or a health authority may further disclose such information to protect your health and welfare, or the health and welfare of your family or the public.
- Tuberculosis Information. We must obtain your specific written authorization prior to disclosing any information that would identify you as having or being suspected of having tuberculosis (TB). We may use and disclose information related to TB without obtaining your authorization where authorized by law, such as for research purposes, to the Department of Health, where the Commissioner determines that the disclosure may be necessary to enforce public health laws or protect the health or life of a known individual or otherwise authorized by a court order.
- Psychotherapy notes. We must obtain your specific written authorization prior to disclosing any psychotherapy notes that may be protected by law.
- Mental health information. We must obtain your specific written authorization prior to disclosing certain mental health information where required by New Jersey law.
- Drug and alcohol information. We must obtain your specific written authorization prior to disclosing information related to drug and alcohol treatment or rehabilitation under certain circumstances such as where you received drug or alcohol treatment at a federally funded treatment facility or program.
- Genetic information. We must obtain your specific written authorization prior to obtaining or retaining your genetic information, or using or disclosing your genetic information for treatment, payment or health care operations purposes. For example, before conducting any genetic testing, we will ask for your written authorization to conduct such testing. We may use or disclose your genetic information, or the genetic information of your child, without your written authorization only where it would be permitted by law, such as for paternity tests for court proceedings, anonymous research, newborn screening requirements, identifying a body, for the purposes of criminal investigations or otherwise authorized by a court order.



- Information related to emancipated treatment of a Minor. If you are a minor who has sought emancipated treatment from us, such as treatment related to your pregnancy or treatment of your child, or a sexually transmitted disease (“STD”), we must obtain your specific written authorization prior to disclosing any of this information to another person, including your parent or guardian, unless otherwise permitted or required by law.
- Marketing activities. **We must obtain your specific written authorization in order to use any of your PHI to mail or email you marketing materials.** However, we may provide you with marketing materials face-to-face without obtaining authorization, in addition to communicating with you about services or products that relate to your treatment, case management, or care coordination, alternative treatments, therapies, providers or care settings. If you do provide us with your written authorization to send you marketing materials, you have a right to opt-out of receiving these communications in the future and may do so at any time. If you wish to opt-out of receiving these communications in the future, please contact the Privacy Officer at 908-277-8686 or in writing at 150 Floral Avenue, New Providence, NJ 07974.
- Activities where we receive money for giving your PHI to a third party. For certain activities in which we would receive money (remuneration) directly or indirectly from a third party in exchange for your PHI, we must obtain your specific written authorization prior to doing so. However, we would not require your authorization for activities such as for treatment, public health or research purposes. You have a right to revoke your authorization at any time. If you wish to revoke your authorization, please contact the Privacy Officer at 908-277-8686 or in writing at 150 Floral Avenue, New Providence, NJ 07974.

V. **INCIDENTAL USES AND DISCLOSURES.**

Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within a physician’s office that might be overheard by persons not involved in your care would be permitted.

VI. **BUSINESS ASSOCIATES.**

We may engage certain persons to perform certain of our functions on our behalf and we may disclose certain health information to these persons. For example, we may share certain PHI with our computer consultant in order to facilitate our healthcare operations. We will require our business associates to enter into an agreement to keep your PHI confidential and to abide by certain terms and conditions.

VII. **YOUR RIGHTS REGARDING YOUR PHI**

- Right to Inspect/Copy PHI. You have the right to inspect and request copies of your PHI that we maintain. However, under limited circumstances, you may be denied access to a portion of your records. For example, if your doctor believes that certain information contained within your medical record could be harmful to you, we would not release that information to you. Please contact the applicable Department or the Medical Records office if you would like to inspect or request copies of your PHI from us and we will respond in most circumstances within two (2) weeks. We may charge you a reasonable fee for paper copies of your PHI or the amount of our reasonable labor costs for a copy of your PHI in an electronic format. We may also charge you for the costs of electronic media if you request that we provide you with your electronic records on such media.



- Right to Confidential Communications. You have the right to make a reasonable written request to receive your PHI by alternative and reasonable means of communication or at alternative reasonable locations (for example, sending information to your work address rather than your home address).
- Right to Request Additional Restrictions. You have the right to request restrictions be placed on our use and disclosure of your PHI, such as:
 - For treatment, payment and health care operations,
 - To individuals involved in your care or payment related to your care, or
 - To notify or assist individuals locate you or obtain information about your condition.

However, although we will carefully consider all requests for additional restrictions on how we will use or disclose your PHI, we are not required to grant your request unless your request relates *solely* to disclosure of your PHI to a health plan or other payor for the *sole purpose of payment or health care operations for a health care item or service that you have paid us for in full and out-of-pocket*. Requests for restrictions must be in writing. Please contact the Privacy Officer if you wish to request a restriction.

If we accept your request for a restriction, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction.

- Right to Request Amendment. You may request that we amend, or change, your PHI that we maintain by contacting the Privacy Officer. We will comply with your request unless:
 - We believe the information is accurate and complete;
 - We maintain the information you have asked us to change but we did not create or author it, for example, your medical records from another doctor were brought to us and incorporated into your medical records with our doctors;
 - The information is not part of the designated record set or otherwise unavailable for inspection.

Requests for amendments must be in writing. Please contact the Privacy Officer if you wish to request an additional restriction on a use/disclosure of your PHI. We will generally respond to your request in writing within thirty (30) days from receipt.

- Right to Revoke Authorization. You may at any time revoke your authorization, whether it was given verbally or in writing. You will generally be required to revoke your authorization **in writing** by contacting our Privacy Officer. Any revocation will be granted except to the extent we may have taken action in reliance upon your authorization.
- Right to Accounting of Disclosures. You may request an accounting of certain disclosures we have made of your PHI within the period of six (6) years from the date of your request for the accounting. The list will not include uses or disclosures made for purposes of treatment, payment, or health care operations, those made pursuant to your written authorization, or those made directly to you or your family. The first accounting you request within a period of twelve (12) months is free. Any subsequently requested accountings may result in a reasonable charge for the accounting statement.

Please contact the Privacy Officer if you wish to request an accounting of disclosures. We will generally respond to your request in writing within thirty (30) days from receipt of the request.



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- Right to Request Access Report. You may request an access report of all accesses to your PHI maintained in an electronic designated record set within the period of **three (3) years** from the date of your request for the access report. The first access report you request within a period of twelve (12) months is free. Any subsequent requested accountings may result in a reasonable charge for the access report. Please contact the Privacy Office if you wish to request an access report. We will generally respond to your request in writing within thirty (30) days from receipt of the request.
- Right to Receive Paper Copy of NPP. You may at any time request a paper copy of this Notice, even if you previously agreed to receive this Notice by email or other electronic format. Please contact the Privacy Officer to obtain a paper copy of this Notice.
- Right to Notice of Breach. We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your PHI through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured PHI and inform you of what steps you may need to take to protect yourself.

VIII. CLAIMS LEVEL DATA

SMG will be receiving claims level data from insurance companies. If you wish to opt out of this service, please send an email to optout@SMGNJ.com or contact the Privacy Officer.

IX. MEDICATION HISTORY SERVICE

We work with Surescripts who delivers medication history information when you have an office visit at SMG. Surescripts accesses the information securely from community pharmacies and patient medication claims history from payers and pharmacy benefit managers. SMG physicians obtain this information for treatment purposes, as prescribers who can access critically important information on their patient's current and past medications are better informed about potential medication issues with their patients and can use this information to improve safety and quality. If you would like to opt out of this service and would NOT like your medication history provided to SMG, please send an email to optout@smgnj.com or contact the Privacy Officer.

X. INFORMATION REGARDING THE LENGTH AND DURATION OF THIS NOTICE

This Notice is effective as of March 2013. We may change this notice at any time. Changes to this Notice will apply to all PHI that we maintain. However, if we do change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where all individuals seeking services from us will be able to read the Notice as well as on our website at <http://www.summitmedicalgroup.com/>. You may obtain the new Notice in hard copy as well from our Privacy Officer.

XI. COMPLAINTS/ADDITIONAL INFORMATION

You may contact our Privacy Officer at any time if you wish to obtain any additional information or have questions concerning this Notice or your PHI. If you feel that your privacy rights have been or may have been violated, you may also contact our Privacy Officer **OR** file a written complaint with the Secretary of the U.S. Department of Health and Human Services. **We will NOT retaliate against you if you file a complaint with us or the Department of Health and Human Services.** If you wish to file a written complaint with the Department of Health and Human Services, please contact the Privacy Officer and we will provide you with the contact information.



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XII. OUR CONTACT INFORMATION

You may contact us with any concerns or for additional information regarding our privacy practices by calling or writing the Privacy Office at: SMG Privacy Officer/Legal Department, 150 Floral Avenue, New Providence, NJ 07974; 908-277-8686.

Acknowledgment of Receipt of HIPAA NPP

I hereby acknowledge that I have received Summit Medical Group, P.A.'s HIPAA Notice of Privacy Practices as of the date of the first service delivery, or as soon as reasonably practicable in the event that I received emergency treatment.

Print Your Name: _____

Signature: _____

Date: _____

If you are a Legally Authorized Representative signing on behalf of a patient, complete the following:

Print Patient's Name: _____

Indicate Your Relationship (*check one*): Parent Spouse
 Guardian Power of Attorney Other: _____