

Dennis Jordanides, M.D.

Diplomate, American Board of Internal Medicine

HIPAA and Privacy Practices

Phone Messages

Is there a phone number where Dennis Jordanides, M.D., Inc can leave a detailed message regarding your care? Yes No

If yes, please provide phone number: _____

Authorization to Share Information

Is there someone else whom Dennis Jordanides, M.D., Inc can leave messages with and share patient information? Yes No

If yes, provide: Name: _____ Phone: _____

Relationship to Patient: _____

This authorization expires:

Until further notice (Insert date): _____

Signature: _____ Date: _____

If signed by other than patient, indicate legal relationship: _____

Acknowledgement of Receipt of Notice of Privacy Practices

I understand that Dennis Jordanides, M.D., Inc may share my health information for treatment, billing and healthcare operations. I have been provided a copy of Dennis Jordanides, M.D., Inc's Notice of Privacy Practices that describes how my health information is used and shared. I understand that Dennis Jordanides, M.D., Inc has the right to change this notice at any time.

I acknowledge receipt of the Notice of Privacy Practices of Dennis Jordanides, M.D., Inc:

Name: _____

Signature: _____ Date: _____

If signed by other than the patient, indicate relationship to the patient: _____