

PHI Consent



PHI: (Protected Health Information)

Maryland Endocrine, P.A. is committed to protecting your health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA). This form allows you to authorize the disclosure of your Protected Health Information (PHI) for specific purposes.

Authorized Use & Disclosure of PHI

I authorize Maryland Endocrine, P.A. to use and disclose my health information for:

- Treatment, including coordination with other healthcare providers.
- Billing and payment processes with insurance companies.
- Office communications regarding appointments and test results.

Authorization for disclosure of health information will only be given to individuals outside my circle of health as defined under my emergency contacts for whom I have given PHI consent. I understand that I must provide this signed consent for any disclosure to take place.

Expiration & Revocation

I understand that this authorization remains in effect unless I revoke it in writing. I acknowledge that revocation will not affect any actions taken before its receipt.