

Midwest Thoracic Surgeons, P.C.

Specializing in Chest Surgery

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**CONFIDENTIAL & PRIVILEGED INFORMATION
(HIPPA regulations)**

The parties to this agreement acknowledge that Midwest Thoracic Surgeons, P.C. will be disclosing privileged, confidential, or proprietary information, under the terms and conditions of this agreement. Furthermore, the parties acknowledge the importance of maintaining the security and confidentiality of such information described here in as confidential information. Confidential information is all written, oral, electric, or other media produced data that is related to patient, clinical, research, business practices, reimbursement, or other trade activities of the practice.

As required by the Federal Government, please sign and date this agreement.

Date _____ Signature _____

**Please list below the names of *family/friends*
who may receive medical information:**

In general, the HIPPA privacy rule gives individuals the right to request a restriction on the uses and disclosures of their protected health information:

Home Telephone:

_____ O.K. to leave a message with *detailed* information, including, but not limited to: *appointment information and/or test results.*

_____ Leave a message with call back number only.

Work Telephone:

It is our policy to leave a call back number only.