

**CARY INTERNAL MEDICINE & THE DIABETES
CENTER, PA
103 BAINES COURT
SUITE 200
CARY, NC 27511
PHONE 919-467-6125
FAX 919-467-1728**

**CONSENT TO DISCUSS MEDICAL CONDITION/
INFORMATION WITH OTHER INDIVIDUALS**

I, _____, give Cary Internal Medicine & The Diabetes Center, PA's staff and physicians permission to discuss my medical condition/information with the individuals listed below. I understand that this consent may be revoked at any time by notifying Cary Internal Medicine & The Diabetes Center, PA in writing of my intent.

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Signed: _____ Date _____

CARY INTERNAL MEDICINE & THE DIABETES CENTER, PA

I, _____, have received a copy of Cary
Print your name above
Internal Medicine & The Diabetes Center, PA's Notice of Privacy Practices.

Signature of Patient

Date

Request for limitations and restrictions of Protected Health Information

How would you prefer that we communicate your protected health information (PHI) with you if you cannot be reached directly? Your PHI includes general health information, laboratory test, diagnostic test results, appointment reminders, and patient demographics/billing information.

Please answer the following questions by marking YES or NO:

- | | | |
|---|-----------|----------|
| 1. Is it ok to leave messages on your home answering machine? | YES _____ | NO _____ |
| 2. Is it ok to leave messages on your work voice mail? | YES _____ | NO _____ |
| 3. Is it ok to contact you by your cell phone? | YES _____ | NO _____ |
| 4. Is it ok to leave a message on your cell phone? | YES _____ | NO _____ |
| 5. Is it okay to leave a message with your spouse or domestic partner? | YES _____ | NO _____ |
| 6. Is it okay to leave a message with a family member over 18 years of age? | YES _____ | NO _____ |
- If YES please provide name of person _____.

Please list any exception(s) to the above _____

Sensitive information such as HIV results, STD results, abnormal results and diagnoses will not be left as messages. Information regarding sexually transmitted diseases will ONLY be released to the patient.

Patient signature

Date

Or _____
Patients representative

Date