Brighton Family Medicine, LLP
945 E. Henrietta Road
Rochester, NY 14623

Laura Booth, M.D. Christine C. Borghi-Cavallaro, M.D. Jerold DeSimone, RPA

HIPAA PRIVACY NOTICE
And
CONSENT TO DISCUSS MEDICAL INFORMATION

I, ____, DOB: __________ am aware of the

HIPPA Privacy Notice and a copy will be available to me at my request.
****

□ **NO** I do not wish to have any of my protected health information discussed with anyone other than myself.

OR

□ **YES** Laura Booth, M.D., Christine C Borghi-Cavallaro, M.D., Jerold DeSimone, RPA, and/or the employees of Brighton Family Medicine, LLP have permission to discuss my medical care with the following designated person(s) (friends or family members, someone other than your physician(s).

Name	relationship	home phone #	cell phone #
Name	relationship	home phone #	cell phone #
Name	relationship	home phone #	cell phone #

****

Please circle yes or no for each question below:

Leave APPOINTMENT message on:

Home phone	Yes	No
Cell Phone	Yes	No
Office Voice Mail	Yes	No

Leave OTHER MEDICAL INFO on:

Home phone	Yes	No
Cell Phone	Yes	No
Office Voice Mail	Yes	No
Fax info at your request	Yes	No

____
Signature of patient or authorized person

Date: _______________

Any changes to this Privacy Notice must be made in writing and submitted to Brighton Family Medicine, LLP