

Carolina Hand and Sports Medicine, P.A.

Notice of Patient Health Information

Carolina Hand and Sports Medicine, P.A. (CHASM) have a legal responsibility to protect the privacy of your personal health information (PHI). In addition, we are required by law to provide you with this notice.

I have received a copy of Carolina Hand and Sports Medicine, P.A. (CHASM) Notice of Privacy Practices. CHASM may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. CHASM may also mail to my home or other alternative location(s) any items that assist the practice in carrying out treatment or payment operations. I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations. CHASM will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions. With this consent, CHASM may call my home or other alternative location(s) and leave a message on voice mail regarding reminders, insurance items or calls pertaining to my medical care

For Appointment Reminders, I preferred to be contacted by:

- Text Message #:** _____ **Phone call #:** _____
- Email:** _____

I give CHASM my consent and authorize to discuss my personal health information to the people and/or facilities I have listed below.

Name	Relationship	Contact number

In case of an emergency, please notify:

Name	Relationship	Contact number

Printed name of patient: _____

Signature of Patient/Legal Guardian: _____ Date: _____