



OBSTETRICS & GYNECOLOGY, PC
Women Proudly Caring for Women

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Authorization for Voicemail Delivery of Medical Information

In an effort to provide efficient, quality, patient-friendly medical care by avoiding the “phone tag” issues often associated with informing patients of their test results, we have developed this Authorization for Voicemail Delivery of Medical Information.

HIPAA (Health Insurance Portability & Accountability Act of 1996) provides specific guidelines to protect patient’s privacy specifically restricting Protected Health Information (PHI). Detailed information regarding HIPAA, PHI and patient privacy can be found in the Notice of Privacy Practices which you received on your first visit to our office following the enactment of HIPAA. Additional copies of the Notice of Privacy Practices are available online at www.awog.org from the receptionist.

I authorize Atlanta Women’s Obstetrics & Gynecology, PC, its physicians and employees to leave detailed messages specific to my medical care including test results on the phone number(s) listed below. I understand that once a voicemail message exists it is no longer covered under HIPAA and therefore is not protected from unauthorized access. This authorization is effective _____.

I understand that this authorization can be revoked at anytime by submitting a written request to the practice. Unless revoked sooner, this authorization to release detailed medical information will expire one (1) year from the effective date listed above.

Home Voicemail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number:	_____
Work Voicemail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number:	_____
Cellular Voicemail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number:	_____
Speak with spouse/partner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number:	_____ Name: _____
Other family member:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number:	_____ Name: _____

Preferred Pharmacy Information

Pharmacy Name: _____

Address: _____

Telephone: _____ Fax: _____

e-Prescribing allows your physician to send eligible new prescriptions and refills to your pharmacy electronically. It is a highly convenient process that maximizes prescription accuracy and eliminates the need for patients to keep up with paper prescriptions. It significantly lessens the wait-time associated with dropping off prescriptions to your pharmacy after your visit or having a staff member to call it in. Prescriptions arrive to your pharmacist instantaneously.

You may also wish to allow your physician to have electronic access to your medication history using the Surescripts® Network. With your consent, your doctor will be able to view critical information about your past and current prescriptions. This will improve your safety and quality of care (e.g., preventing potentially harmful drug interactions or intolerances).

**** Patients prescribed narcotics are required by our policy to authorize electronic access to their medication history.**

- I consent to allowing my physician to electronically view my medication history through Surescripts.
- I do not consent to sharing my medication history.

I would like a copy of this notice for my records: Yes No

Patient Name: _____ Birth Date: _____

Signature: _____ Date: _____