

UNIFOUR FAMILY PRACTICE
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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA) FOR ADULTS

Due to Federal Regulations concerning patient privacy, we are unable to discuss your medical condition with anyone, **including family members** without your consent.

*Unifour Family Practice is connected with the **North Carolina Health Information Exchange Authority (NCHIEA)**. Please refer to the posted notice. If you wish to opt-out, you may pick up the form at the front desk.*

Please read the following statements **very carefully** and **(CHECK ALL THAT APPLY)**

_____ Only discuss my health and financial information with me.

_____ You may leave any medical information, test results, etc., on my answering machine or voicemail at the numbers listed.

Home Phone # _____ Cell Phone # _____

Work Phone # _____

_____ You may communicate with me through Unifour Family Practice Patient Portal.

My email is (Please Print) _____.

_____ Yes, Unifour Family Practice staff are allowed to discuss my medical condition and/or financial matters with family members listed below. (You may also list your pastor and/or close friend if desired).

Name	Telephone Number	Relationship

AS A PATIENT OR LEGAL GUARDIAN IT IS YOUR RESPONSIBILITY TO LET US KNOW IF ANY OF THE ABOVE INFORMATION CHANGES AT ANY TIME.

Signature

Date

Witness/Verified

Date