

MID-PENINSULA UROLOGY GROUP

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To Our Patients:

In accordance with a new Federal Law on Patient Privacy, please read the following:

This notice is to advise you that our office has a privacy policy in place to protect your medical information. Our policy states that our office will keep record information confidential and will use it only for treatment, payment and health care operations. It gives examples of those uses. The office may release information to other doctors during emergencies, in cases of abuse and neglect and so on. Our policy also identifies your rights to access your records, to request restrictions on who can see your records, to keep your communications with our office confidential and how you can request amendments to your medical records. You can review the actual policy or request copies of it at any time.

You have my permission to release my medical information to the following
Please check and list name and phone numbers.

- _____ Patient only
- _____ Spouse
- _____ Parent
- _____ Relative
- _____ Caregiver
- _____ Friend
- _____ Employer
- _____ Voice mail at home
- _____ Voice mail on cell phone
- _____ Voice mail on business phone

Signature of Patient Date

Please print name _____

Address _____

_____ date of birth