



SOUTHWEST
GASTROENTEROLOGY
ASSOCIATES, P.C.



SOUTHWEST ENDOSCOPY

AUTHORIZATION TO DISCUSS MY FINANCIAL ACCOUNT STATUS WITH ANOTHER PERSON

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits this office from discussing a patient's account information with any other person than the patient or in some cases the legal guardian of an adult under such care. For this reason, your permission is needed if you want your financial account information to be disclosed to another party. Once such permission is given, this permission will remain in effect until revoked in writing by the patient or by the guardian of a minor patient.

I give Southwest Gastroenterology Associates, P.C. and Southwest Endoscopy, LTD permission to discuss my financial account information with the following person(s):

Name	Relationship	Account Info
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N

Patient Name (Please Print)

Guardian Signature (if applicable)

Patient's Signature

Relation to Patient

DOB: _____

MRN: _____

Date

Please return this form to our office.
Southwest Gastroenterology Associates
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Albuquerque, NM 87109
Fax: 505.999-1650