



UROLOGY CONSULTANTS

Mailing address

515 W. S.R. 434, Ste. 302
Longwood, FL 32750

Offices

Winter Park • Longwood Fax (407) 332-8767

(407) 332-0777

(800) 776-8643

Board Certified Urologists
E. Jake Jacobo, MD, FACS
Steven K. Brooks, MD

Receipt of Privacy and Financial Policies

By signing below I acknowledge that I have received, read, and been given the opportunity to ask questions regarding these policies. By signing I agree to the terms and conditions contained in these policies. A written notice is required to terminate the agreement of these policies. I am aware that the termination of these policies may result in the dismissal from Urology Consultants.

Print Name of Patient: _____ **DOB** _____

****** Patient Signature:** _____ **Date:** _____

Release of Confidential Information

It is the policy of Urology Consultants not to release any protected information regarding your medical and or personal information to anyone except those indicated in our Privacy Policy required by Law. Entities receiving information for the continuity of care may include your Primary Care Physician, Pharmacies, Insurance Companies, and other health care providers referred. Your written permission is needed in order for the following individuals to obtain information regardless of who is financially responsible for your account: **Spouses, children or other family members.**

Please list below the names of individuals that you authorize us to disclose your medical information with. A password will be required to obtain this information. The individuals you list will require the password. Please make sure they are aware of your password.

I **DO NOT** wish you to discuss my medical information with anyone except those outlined in the Privacy Policy and myself.

You may discuss my medical information with the following individuals:

Password: _____ (Please give to individuals below)

I authorized Urology Consultants to leave detailed messages on my home/cell phone number answering machine as needed for the following purposes: appointments, insurance/billing inquires, test results. I understand that someone other than myself may hear this information and I will not hold Urology Consultants responsible for information left via telephone message systems.

Print Name of Patient: _____ **DOB** _____

******Patient Signature:** _____ **Date:** _____