UB|MD INTERNAL MEDICINE
PRIMARY & SPECIALTY CARE

HIPAA Contact and Authorization for Release

1001 Main St, 4th Floor
Buffalo, NY, 14203
Phone (716)961-9900
Fax (716)961-9911

1020 Youngs Rd, Suite 110
Williamsville, NY, 14221
Phone (716)961-9900
Fax (716)961-9911

Nephrology
462 Grider St, Suite 1152
Buffalo, NY, 14215
Phone (716)898-4803
Fax (716)898-3928

Behavioral Medicine
462 Grider St, D.K. Miller Building
Buffalo, NY, 14215
Phone (716)898-5671
Fax (716)898-3040

Patient Name:	**Date of Birth:** / /

Receipt of Notice of Privacy Practices

I have received a copy of the UBMD Internal Medicine, Inc. Notice of Privacy Practice. (also available at UBMDIM.COM)

Signature:	Date: / /

☐ Patient refused and/or unable to sign
Staff member signature:

Authorization to Release Information to Family and/or Friends

Name	Relationship	Primary Phone	Secondary Phone

Authorization to Leave Messages

It may be necessary to leave you a message concerning appointments, financial issues, or other protected health information (PHI). Please indicate how you prefer we leave a message for you:

	Phone Number	May we leave a voice message?	May we leave a message with another person answering this phone?
Voicemail on Preferred Phone Number	- -	☐ Yes ☐ No	☐ Yes ☐ No
Voicemail on Alternate Phone Number	- -	☐ Yes ☐ No	☐ Yes ☐ No
		May we send correspondence?	
Send through US Mail		☐ Yes ☐ No	

Restrictions to Release of Information

Please list any restrictions regarding information to be released:

Signature

Signature:	Date: / /

This authorization shall be in force and effect until revoked by the patient or representative signing the authorization.