



Tennessee Urology Associates, PLLC

Privacy Practices

I acknowledge being given an opportunity to receive and review a copy of Tennessee Urology Associates, PLLC's notice of privacy practices.

Signed _____ Date _____

ePrescribing

ePrescribing is a federally mandated initiative that requires all physicians prescribe in this manner. ePrescribing sends prescriptions over the internet to your pharmacy in a safe and secure way through the same technology as used by the credit card companies. This not only aids in protecting the privacy of your personal information, but it also lets your doctor see important information like drug interactions and prescription history.

Patient Consent:

I agree that Tennessee Urology Associates, PLLC may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payers for treatment purposes.

Signed _____ Date _____

Consent for Healthcare Messages

I _____ give permission to the physician and their staff at Tennessee Urology Associates, PLLC to leave messages regarding my healthcare in the following manner when I am not available:

- May ONLY leave information with me. **(If you check here, no other choices should be marked.)**
- May leave appointment reminders on my answering machine or voicemail.
- May leave appointment reminders with family.
- May leave lab results on answering machine or voicemail.
- May leave lab results with my family.
- May leave general questions/information on my answering machine or voicemail.
- May leave general questions/information with my family.
- I prefer that all healthcare messages or information be given to the following person:

Name _____ Relationship _____

Best Contact Number _____

Signed _____ Date _____