

**DR MANOHAR G REDDY, MD PA**

2551 W Eau Gallie Blvd, Ste101 Melbourne, FL 32935

**HIPPA RELEASE**

I authorize the office of Dr. Manohar G Reddy, MD PA to disclose the information I have checked below by leaving it on the following message machine:

- Appointment Information     Billing Information     Results
- on the following answering machines
- My Home     Cell Phone     Work

**PERSONS AUTHORIZED TO RECEIVE MY MEDICAL INFORMATION :**

Includes information regarding appointments, test results, etc.  
Please provide full name, relationship, and phone number.

I understand that this authorization will remain in effect until it is revoked by me in writing.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
1. _____		
2. _____		
3. _____		
4. _____		

By marking this box I ask to be excluded from automatic electronic sharing of records with other medical providers.

**Notice of Privacy Practices**

I acknowledge that I have received a copy of the Provider Notice of Privacy Practices for Dr Manohar G. Reddy. The Provider Notice of Privacy Practices described the types of use and disclosure of my protected health information that might occur in my treatment, payment for services, or in the performance of the office health care operations. The Provider Notice of Privacy Practices also describes my right and the responsibilities of duties of Dr Manohar G Reddy with respect to my protected health information.

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Signature of Patient or Legal Guardian

Date

\_\_\_\_\_  
Signature of Witness