PREMIER OB/GYN
NJIDEKA C. OBIEKWE, M.D., F.A.C.O.G.
2412 Village Professional Drive S
Opelika, AL 36801
Office: (334)-705-2900
FAX: (334)705-2909

AUTHORIZED PATIENT NOTIFICATION LIST

(Required of HIPAA) Health Insurance Portability and Accountability Act)

I authorize all Premier OB/GYN, LLC physicians and/or its designated professional representatives/assistants to discuss any aspects of my primary care including but not limited to: appointments, test, test results, surgical procedures, prescriptions and any other pertinent information pertaining to my care with the following designated people:

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

This document will be a part of your permanent record. In the event that any of the selected representatives that you have designated change, it will be necessary to update our records with a written notification. You will need to state who you would like to have removed from or assed to the Authorized Notification List.

Patient's Signature: _____ Date _____

Witness Signature: _____

Medical Records Release Authorization

In the event that our office refers you to another physician, medical facility, or laboratory we require your written permission to release your medical records to this referral. Your medical records will only be forwarded at your acceptance of this referral. Without your authorization we require that you return to this office to pick up your records prior to your visit with the referred doctor/facility/lab and a 48 hour notice is required before records can be picked up. Please be aware that **all** records will be forwarded INCLUDING results for HIV and/or Sexually Transmitted Diseases. This includes requests by your insurance company for medical records needed to process your claims.

I authorize Premier OB/GYN, LLC to release my medical records in their entirety to the referred doctor/facility/lab/insurance company to which Premier OB/GYN, LLC has referred me:

Patient's Signature _____ Date _____

This authorization remains in effect until the patient gives Premier OB/GYN written notice of its cancellation.