



**Consent to Release Protected Health Information  
(HIPAA Consent Form)**

Information related to your health care will be maintained by Cornerstone as described by our Notice of Privacy Practices (NoPP). You may obtain a copy of the NoPP by accessing our website, by contacting your doctor’s office, or our Compliance and Patient Safety Department.

**Why am I filling out this form?**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and North Carolina Law protect your rights regarding your health information. These laws prevent Cornerstone from using or disclosing your health information in some cases unless you allow us to do so.

**What does this consent do?**

You can use this form to decide with whom Cornerstone may share your health information. By listing a family member, spouse, or friend’s name on this form, you agree to allow that person to access information related to your health and paying for your care.

**How will Cornerstone use my information?**

We will share your information as allowed by law to provide your care, for payment, and for our health care operations. This may include releasing your information to a close personal friend, or any other person you select when they are involved in your care. We will contact you to remind you of appointments, to inform you of lab and/or test results, and may leave you a voice message about your care. We may share information with other health care providers involved in your care, or contact you about potential research that might benefit you. If we cannot reach you due to an emergency, we will decide what information we should share with others.

**Please list the names of people you would like for us to share your health information with:**

<b>Names:</b> _____	<b>Relationship:</b> _____
_____	_____
_____	_____

I have read and understand this form, and have had an opportunity to ask any questions I have.

**Patient Name (print):** \_\_\_\_\_ **DOB/Acct#:** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

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

A WITNESS SIGNATURE IS REQUIRED FOR THIS FORM