



John Boston D.O. Amy Johnson, ANP
Internal Medicine

950 E. Bogard Rd., Ste. 228 Wasilla, AK 99654
Phone (907) 376-8938 Fax (907) 376-8939

HIPAA DISCLOSURE FORM

In order to comply with specific rules regarding HIPAA (Health Insurance Portability & Accountability Act of 1996), we ask that our patients complete and sign this privacy and security of health information form.

Name: _____ **Date:** _____

It is not the policy of Dr. John Boston's office to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voicemail, or cell phone. Whenever returning telephone calls and the answering machine picks up we cannot leave a message if the name and telephone number are not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

I authorize Dr. John Boston's office to leave medical information pertaining to my care by the following methods and will assume responsibility of notifying Dr. Boston's office whenever this information changes.

Home Telephone

Yes No N/A

Answering Machine

Yes No N/A

Work Telephone

Yes No N/A

Cell Phone

Yes No N/A

Text Message

Yes No N/A

E-Mail Address _____ Yes No N/A

*Due to open Internet Access, the security of content sent through email cannot be guaranteed secure.

Signature: _____

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AUTHORIZATION FORM

If you would like to allow us to speak, or have information released to someone other than yourself, please complete the following by listing the names of people authorized to receive your health information.

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

I understand that upon request I can receive copies of the Office Policies and Notice of Privacy Practices for the office of Dr. John Boston.

Print Name: _____ Date: _____

Signature: _____