Joseph B. Boucree, Jr. M.D.

Spine, Scoliosis & Orthopaedic Surgery

104 Medical Center Dr.
Neuroscience Building-Ortho Dept.
Slidell, La 70461
985-646-5576
985-646-5560(f)

8338 Summa Ave
Suite 300
Baton Rouge, La 70809
225-767-3454
225-767-3254(f)

HIPAA Authorization Form

Joseph B. Boucree Jr., MD has taken measures to protect all of our patient's private medical information. We will not release any information to anyone unless you have provided the requested information below. These would be people other than what is covered in our Notice of Privacy Practices.

HIPAA (Health Insurnace Privacy & Accountability Act) does allow us to release information to outside entities on your behalf. Example: Another medical office when making you an appointment, your insurance company when trying to get your claims paid, your pharmacy or hospital.

Please see the receptionist with any questions prior to signing this authorization form.

I, ______________________________, am authorizing the person/people listed below to obtain medical information about myself. I understand Joseph B. Boucree Jr., MD is not responsible for the information provided as long as it is given to a person that I have listed below.

Date of birth must be provided so that our office can verify that we are speaking to the correct person

1. ____ DOB: _____________________
   Name/Relationship to patient

2. ____ DOB: _____________________
   Name/Relationship to patient

3. ____ DOB: _____________________
   Name/Relationship to patient

Patient Signature: __________________________________ Date: ___________________

****

I, ____________________________________, do not authorize Joseph B. Boucree Jr. MD to release any of my protected medical information to anyone other than the entities that are disclosed in the Notice of Privacy Practices.

Patient Signature: ___________________________________ Date: __________________