

Toheed Kamal, M.D., FRCP,FACP,FACE

North River Medical Center  
4401 Watermelon Road  
Northport, AL 35473

**PRIVACY AND INFORMATION AUTHORIZATION**

The undersigned agrees that Toheed Kamal, M.D., will, when required, release certain information to our business associates for the operation of the entity this may include, identifying information, diagnosis, treatment, and other information that may be necessary for the overall care and disposition of claims for the patient. This information is called HPI, which is Health Protected Information.

We will not release any other information, unless specifically requested by the patient or legal guardian, specified in writing. To this end, the patient has specified the following to have access/permission to their medical/financial record.

NAME	RELATIONSHIP	DATE OF BIRTH	TELEPHONE#

\_\_\_\_ I hereby authorize Dr. Toheed Kamal to communicate with me concerning my PHI through email or texting.

\_\_\_\_ I hereby authorize Dr. Toheed Kamal to leave a detailed message with family members or answering machine regarding appointment reminders, lab/test results, or medication changes, as directed by my physician.

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

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date