

Patient Communication (HIPAA)

By Law, The Center requires your authorization in order to communicate with:

1. Your spouse
2. Your adult children or caregivers
3. Your parents (if you are older than 18)

The Center may need to communicate with your family or caregivers in the following circumstances:

1. Making and confirming appointments
2. Discussing treatment needed or performed
3. Account or Financial Information

Please indicate below who we may communicate with:

- Spouse _____
- Child(ren) _____
- Other _____
- Information not to be released to anyone.

This authorization for participation in my care shall remain valid indefinitely or until formally revoked in writing.

Messages

Please call: my home my work my cell: _____

If unable to reach me:

- You may leave a detailed message
- A message asking to return your call
- You may not leave a message

Patient Name (printed): _____ Date: _____

Patient Name (Signature): _____ Date: _____

Patient Date of Birth: ____/____/____

This form does not authorize the release of medical records. You must personally sign the Authorization to Disclose Health Information in order to obtain a copy of your health records. **If you appoint an individual to pick up medical records on your behalf from the Health Information Management Department they will be required to show a valid photo ID.**