



# Authorization to Release Protected Health Information (PHI)

## Patient information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**I understand that I am classified as a legal adult under the law. This means that my parents and/or legal guardians may NOT access my health information, under the HIPAA Patient Privacy Acts. In full knowledge of my rights to privacy, I am WAIVING my right to privacy to the following individual(s):**

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**I consent for the following to be discussed with him/her/them (check all that apply):**

- Confidential laboratory/radiology results
- Scheduling and cancelling of appointments
- Prescription Information (name and indication of prescription, dosing, refills, etc.)
- Health history
- Recent health problems
- Other: \_\_\_\_\_

## Consent for telephone contact

**I understand that the office will be contacting me at home or the number of my choosing to confirm appointments.**

Phone: \_\_\_\_\_  Preferred

Home  Office  Cell  Other

Phone: \_\_\_\_\_  Preferred

Home  Office  Cell  Other

Phone: \_\_\_\_\_  Preferred

Home  Office  Cell  Other

**In addition, I consent for the office to (check all that apply):**

- Leave a message to report the results of lab test
- Leave other messages

## Consent for correspondence by mail

**I understand that the office will be sending me correspondence by mail. In addition, I consent for the office to send (check all that apply):**

- Reminder post cards for annual physical appointments
- Laboratory test results
- All other correspondence from our office by mail

## Signature

**NOTE:** If the patient is a minor (under 18 years of age), the responsible parent or guardian must sign and fill in the information below.

Parent/Guardian name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_