

Consent to Share Medical Information Authorization

The HIPAA Privacy rule gives individuals the right to request a restriction on notes and disclosure of their protected health information (PHI). The individual is also granted the right to request confidential communications, or that a communication be made by alternative means.

I wish to be contacted in the following manner:

_____ By my **CELL** phone. My number is _____

_____ It is ok to leave a **VOICE** message with detailed information

_____ It is ok to leave a **TEXT** message with detailed information

_____ It is **NOT** ok to leave a message with detailed information

_____ By my **HOME** telephone. My number is _____

_____ It is ok to leave a message with detailed information

_____ It is **NOT** ok to leave a message with detailed information

Information to be released TO:

Name: _____ Relationship to patient: _____

Phone: _____ Restrictions: _____

Information to be released TO:

Name: _____ Relationship to patient: _____

Phone: _____ Restrictions: _____

Patient Name (please print): _____ DOB: _____

Patient or Guardian Signature: _____ Date: _____