



I have been presented with and reviewed the terms of this notice and understand that I may request a copy of this notice at any time.

Name of Patient **Date of Birth** **Signature of Patient/Parent/Guardian** **Date**

I designate the following persons listed below as persons involved with my health care or payment relating to my health care for the purpose of the practice making the limited disclosures described above. The persons below will only have contact with the Practice upon my request (i.e. if I ask the persons below to call the office or I contact the office and ask that the persons below to be contacted). I understand that I am not required to list anyone. I also understand that I may change this list at any time in writing.

Print Name: _____ **Relation to patient** _____ **Telephone** _____

Print Name: _____ **Relation to patient** _____ **Telephone** _____

The following person(s) are not authorized to receive my Patient Health Information:

Print Name: _____ **Print Name:** _____

Designation of Certain Relatives, Close Friends and Other Caregivers:

I agree that the practice may disclose certain aspects of my health information to a family member, close personal friend or other caregiver, since such person is involved with my health care or payment relating to my healthcare. In that case, the Practice will disclose only information that is directly relevant to the person's involvement with my health care or payment relating to my health care.

I wish to be contacted in the following manner **(check all that apply)**

Telephone, Written and Fax Communication

Home Telephone Number (please specify phone number): _____ **or**

Written Communication (please write address in space provided): _____

OK to leave message with non-clinical information OK to mail to my home address
 Leave message with call back numbers only OK to mail to my work/office address

Work Telephone Number: _____ **or Fax Communication:** _____

OK to leave message with non-clinical information OK to fax to this number: _____
Leave message with call back numbers only: _____