



NALLY FAMILY PRACTICE

Disclosure of Health Information to Family, Friends or Others

The HIPAA Privacy Rule prohibits the disclosure of Protected Health Information (PHI) without the authorization of the patient. Examples of PHI would be test results, medication information, payment information, or anything considered patient condition, treatment, or payment related. Please choose one of the following disclosure options:

No, do not allow disclosure of my PHI to anyone, including family members, other relatives, close personal friends, etc.

Yes, please allow disclosure of my PHI (including detailed messages by phone, fax, e-mail, voice mail, or any other means) to my contact info and to the following person(s):

Full Name: _____

Relationship: _____ Phone#: _____

Full Name: _____

Relationship: _____ Phone#: _____

Full Name: _____

Relationship: _____ Phone#: _____

Full Name: _____

Relationship: _____ Phone#: _____

Patient Name (printed): _____ D.O.B: _____

I understand my HIPAA rights and I request that this office leave messages, including those containing PHI, to my personal contact information or with the above-named persons. I understand that it is my responsibility to keep the office informed of any changes to this information and agree to hold the office harmless if my PHI is disclosed due to my failure to notify the office of changes or updates.

Signature: _____ Date: ____/____/____