

# Authorization to Share Information

Due to HIPAA regulations, we cannot share your protected health information (PHI) with anyone without your consent. However, many times our patients will need the help of family, friends, and/or caregivers during their recovery. If you wish for anyone else to be able to speak with us about your medical information (including appointment times and financial information), please list them below. You may revoke this authorization in writing at any time, except where we have already released your information based on your prior authorization. OR if you would not like us to share your information with anyone at all, please check the box at the bottom of the page.

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<b>Name</b>	<b>Relation to Patient</b>
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I do not want my medical information shared with anyone except where I specifically give permission on a case by case basis (i.e. records release to doctors, lawyers, etc.)

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<b>Patient Name</b>	<b>Date</b>
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**Patient Signature (or Guardian Signature if Patient is under 18)**

