

DISCLOSURE OF PROTECTED HEALTH INFORMATION WITH FAMILY OR FRIENDS

Patient Name: _____	Date of Birth: _____
Maiden Name/Other Names Known By: _____	Phone #: _____

I hereby authorize Tanana Valley Clinic to share my medical / billing information with the individuals listed below:

Name:	Relationship:

I understand that information in my health record may include information relating to Sexually Transmitted Disease, Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and other communicable diseases, Behavioral Health Care/ Psychiatric Care, treatment of alcohol and/or drug abuse and genetic testing; my signature authorizes the release of any such information.

I may refuse to sign this authorization form. I understand that Foundation Health Partners will not condition or deny treatment on my signing this authorization.

I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. Foundation Health Partners' Notice of Privacy Practices explains the process for revocation, which includes a request in writing.

I understand that, if this information is disclosed to a third party, the information may no longer be protected by state, federal regulations and may be re-disclosed by the person or organization that receives the information.

I release Foundation Health Partners, its employees and agents, medical staff members, and business associates from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized here in.

Signature of Patient/Legal Representative: _____ Date: _____

Relationship to Patient: _____ ID/License #: _____

Revoke Prior Decision:

I wish to revoke my prior decision.

Signature of Patient/Legal Representative: _____ Date: _____

Relationship to Patient: _____ ID/License #: _____

FOR OFFICE USE ONLY	
MR #: _____	Date: __/__/20__ HIPAA Template <input type="checkbox"/> EPM Alert <input type="checkbox"/> Tracking <input type="checkbox"/> Completed by: _____