



Patient Authorization to Discuss Protected Health Information

Patient Printed Name

Date of Birth

Med. Record Number

To our valued patients:

While coordinating care during your treatment at Southeast Health, our healthcare professionals may be asked to discuss your health information with a family member or friend involved in your care (i.e., to make arrangements for physician appointments, discuss diet, care, or medication instructions, discuss information related to any of your medical/health-related conditions, answer financial/billing questions, etc.).

You may also find it necessary to have a family member or friend pick up your prescription that can't be called in or e-prescribed.

We ask that you provide the names and relationships of family member(s) and friend(s) who you authorize to have access to your health information and/or pick up prescriptions during your treatment at Southeast Health.

Permission to Discuss PHI and Release Prescriptions:

Please check box if permitted to pick up your prescriptions:

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient



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Additional Disclosure Permissions:

If this patient has a legal representative or Durable Power of Attorney for Healthcare, please note here and provide a copy of the legal documentation for filing with the patient's electronic medical record:

Name of Rep or DPOA

Type of Representative

Phone Number

I further understand that this authorization will remain in effect until and/or may be revoked at any time by myself, my legal representative, or my Durable Power of Attorney for Healthcare.

Patient Signature

Date

Time

Witness Printed Name

Relationship or Title

Witness Signature

Date

Time

Thank you. Southeast Health respects your right to privacy.