

PHI Designated Contact List

Under the Health Insurance Portability and Accountability Act of 1996, as amended, patients have the right to agree, restrict or object to providing PHI (protected health information) to family members, friends and/or other persons identified as involved in the patient's care or payment for the patient's health care. To comply with the regulations, as outlined in the CHS HIPPA Privacy Policy, documentation of the patient's wishes must be present in the medical record.

Unless you object, PHI can be verbally disclosed to those individuals listed below for medical purposes. Your signature also authorizes our staff to update this list per your discretion

Signature	Relationship, if not the patient	Date
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Please list all individuals that you authorize for verbal disclosure of medical information:

Spouse	_____	Phone _____
Significant Other	_____	Phone _____
Child	_____	Phone _____
Child	_____	Phone _____
Mother	_____	Phone _____
Father	_____	Phone _____
Sibling	_____	Phone _____
Sibling	_____	Phone _____
Grandparent	_____	Phone _____
In-Law	_____	Phone _____
Other	_____	Phone _____
Other	_____	Phone _____