



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 of 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

Please list all individuals that you authorize for verbal disclosure of medical information:

Spouse _____ Phone: _____

Significant Other _____ Phone: _____

Child _____ Phone: _____

Child _____ Phone: _____

Child _____ Phone: _____

Mother _____ Phone: _____

Father _____ Phone: _____

Sibling _____ Phone: _____

Sibling _____ Phone: _____

Grandparent _____ Phone: _____

In-Law _____ Phone: _____

Other _____ Phone: _____

Other _____ Phone: _____