

Protected Health Information Access Form  
 Family, Friends and Others  
 Involved in your care

Physician's Choice Wellness, LLC prides itself for the close relationships we have with our patients. But we may not be sure, in every case, whether a family member or friend is involved in your care. We ask that you complete this form to inform us of those individuals. We will enter this information in our computer systems to assist our staff in verifying a person's involvement. By identifying your caregivers, you can avoid problems that may arise when our staff does not know a person's relationship to you and your care, including those involved in the payment of your health care services, such as guarantors.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

By completing this form and signing below, you are granting Physician's Choice Wellness, LLC permission to share protected health information (PHI), including without limitation, appointment information, test results, diagnosis, treatment plans, or payments on services, with the individual(s) listed below who is/are a family member, close friend, or other person involved in your care. Under certain medical circumstances, however, a licensed health care professional may identify on or more individuals after determining in his/her professional judgment that sharing PHI on a continual bases would be in your best interest (e.g. emergency situations, patient has Alzheimer's and no power of attorney was granted to the caregiver, etc.) There may be other medical situations where we may disclose PHI to family members or friends in accordance with federal or state law. Categories of people will not be accepted (e.g. "all family members" or "all member of your church") because of the difficulty in verifying their identity.

<u>Name</u>	<u>Relationship</u>	<u>Address and Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_