



Ashland Orthopedic Associates

VERBAL DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) TO DESIGNATED INDIVIDUALS

Ashland Orthopedic Associates may disclose to a family member, other relative, a close friend, or any other person identified by you (the "Designated Individual"), your PHI directly relevant to that person's involvement with your care or the payment for your care. The Practice may also use or disclose your PHI to notify or assist in notifying (including, identifying or locating) the Designated Individual, your Personal Representative, or another person responsible for your care, of your location, general condition or death. However, this can only occur if you agree to disclose to such persons.

If you wish to agree to such disclosures, please list below the family members, other relatives, close personal friends, or any other persons you wish to be your Designated Individuals:

I (circle one) do/do not authorize leaving a message on my answering machine.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Printed Name of Patient

Patient Signature

Patient Date of Birth

Date Signed

This authorization may be revoked or altered at anytime by the patient.