ASHLAND ORTHOPEDIC ASSOCIATES, LLP
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VERBAL DISCLOSURE OF PROTECTED HEALTH INFORMATION ("PHI")

With signed permission, Ashland Orthopedic Associates may verbally disclose the patient's Protected Health Information ("PHI") to any person identified as a Designated Individual (a family member or close friend) when directly relevant to that person's involvement with patient care, or the payment for care.

The practice may also use or disclose a patient's PHI to notify, or assist in notifying the Designated Individual(s) of the patient's location, general condition, or death.

If you do not want the patient's PHI to be disclosed to anyone other than the patient/patient's guardian, and/or to the patient's Primary Care Provider and Referring Provider (if any), please check the box below:

☐ Do not disclose PHI

If you agree to the disclosure of the patient's Protected Health Information, please list below one or more persons as the Designated Individual(s):

1.) _____ Relationship to Patient:_____
Primary Phone#_____ Secondary Phone#_____

2.) _____ Relationship to Patient:_____
Primary Phone#_____ Secondary Phone#_____

3.) _____ Relationship to Patient:_____
Primary Phone#_____ Secondary Phone#_____

Do you wish to authorize the practice to leave messages on your answering machine or voicemail regarding the patient's PHI? Please check ☐ **I do** or ☐ **I do not**

_____ _____
Printed Name of Patient Signature of Patient or Guardian

_____ _____
Patient's Date of Birth Date Signed

This authorization may be altered or revoked at any time in writing by the patient or the patient's legal guardian or representative.