

WHO CAN HAVE YOUR HEALTH INFORMATION?

Please fill out this form. It will tell us which family members and friends have your permission to have your health information.

Patient Name:		Date of Birth:	
ABOUT THIS FORM:			
<ul style="list-style-type: none"> Lets those listed below have information about your medical care or payment Informs those listed blow or a disaster relief organization of your location, health or death. 			
THESE PEOPLE CAN HAVE MY HEALTH INFORMATION:			
1. Name:		Relationship to you:	
Phone Number:	Street Address:		
City:	State:	Zip Code:	
Mark all that you approve: <input type="checkbox"/> My Health <input type="checkbox"/> Lab Tests <input type="checkbox"/> HIV Records <input type="checkbox"/> My Treatment <input type="checkbox"/> Other _____ <input type="checkbox"/> Behavioral Health Records <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Progress Notes			
2. Name:		Relationship to you:	
Phone Number:	Street Address:		
City:	State:	Zip Code:	
Mark all that you approve: <input type="checkbox"/> My Health <input type="checkbox"/> Lab Tests <input type="checkbox"/> HIV Records <input type="checkbox"/> My Treatment <input type="checkbox"/> Other _____ <input type="checkbox"/> Behavioral Health Records <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Progress Notes			
3. Name:		Relationship to you:	
Phone Number:	Street Address:		
City:	State:	Zip Code:	
Mark all that you approve: <input type="checkbox"/> My Health <input type="checkbox"/> Lab Tests <input type="checkbox"/> HIV Records <input type="checkbox"/> My Treatment <input type="checkbox"/> Other _____ <input type="checkbox"/> Behavioral Health Records <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Progress Notes			
PLEASE SIGN HERE:			
By signing below, I allow Northwest Health Services to talk about or release my health information with the people listed above.			
Patient/Guardian Signature:		Today's Date	
Your permission expires in one year unless cancelled in writing.			

