

## PATIENT AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION (PHI)

Date of Birth:

HIPAA Privacy allows Munson Healthcare (MHC) and business associates to disclose the minimum necessary protected health information (PHI) to family members or friends who are responsible for or appear to be involved in your medical care or your health care bills. MHC may also notify your family or friends of your location and condition in the event of an emergency or disaster.

HIPAA and MHC policy allows us to leave messages at the phone number you provide regarding appointment reminders, prescription refills, or referral/testing arrangements. **You may agree to these uses of your PHI or you may ask us to limit our use of your protected health information**. For example, you may request we use another phone number or an email, or another address.

- 1. Do we (MHC and business associates) have your permission to contact you by the phone number(s) you provided to us? □ YES □ NO
- 2. Do we have your permission to send you unencrypted text or emails, using the contact information you provided? 

  YES 
  NO

Please list the individual(s) such as family, friends or supports with whom we may share your medical information:

PATIENT ID LABEL