

Patient's | Patient's Guardian's Consent for Practice to Share Protected Health Information with Other Named Parties

In addition to our normal operational disclosures of privacy information, please identify who we may
release your healthcare information to. Each name must be identified. These should be people who
help you with your healthcare needs and may need to be knowledgeable about your condition,
treatment and options. It is still the responsibility of the below named parties to request this
information.

Name	Relationship
	_
	_
	_
Patient Signature:	
Date:	