

PATIENT NAME DOB Arrival Label	 Stanford HEALTH CARE <hr/> University Healthcare Alliance
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Protected Health Information [PHI] Disclosure

Protected Health Information [PHI] may include information/documents regarding medical treatment of the patient including, but not limited to, diagnosis, treatment plans, appointments and test results; account and billing information including but not limited to, account balances, payments and payment arrangements, insurance claim status and third party financing.

PHI can be disclosed to

_____ Patient Only; phone number (_____) _____ Home Cell Work
 _____ Family Member or Friend

Name	Phone Number	Relationship
1.		
2.		

Appointment reminders can be left on my answering machine or voicemail at the number listed above. Yes _____ No _____

Detailed messages regarding test results can be left on my answering machine or voicemail at the phone listed above. Yes _____ No _____

Upon activation of MyHealth Portal, I agree to the following:

Appointment reminders will be confirmed electronically via MyHealth email or text message. Yes _____ No _____

Detailed messages regarding test results will be disclosed using MyHealth secure messaging. Yes _____ No _____

 Signature/Patient or Legal Guardian (if patient is a minor)

 Date