



**East Valley  
FAMILY  
Physicians P.L.C.**

*Serving the Valley for Over 30 Years*

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS/FAMILY MEMBERS**

It is the responsibility of East Valley Family physician's P.L.C. to ensure that information regarding all our patients remains confidential. This means that information regarding your medical condition, billing and insurance issues, or any other protected health information as identified under HIPAA, cannot be released to other people, not even to family members, unless you authorize, in writing, the person(s) to whom you want that information released. In the event of a critical episode, or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived. We realize that there are times when you may want another person to be knowledgeable about your medical condition, or act on your behalf about billing or insurance issues. You can, if you desire, name a person(s) to whom you want the office staff to speak with about your medical condition or other issues. To do this, you must complete the form listed below

- Only 2 (two) people can be designated for this role.
- The authorization is valid until you cancel it in writing.
- If you designate no one, East Valley Family Physician's will not release information to any family member or friend.

Authorization:

I \_\_\_\_\_ Date of Birth \_\_\_\_\_ authorize East Valley Family Physicians P.L.C. to release any and all information concerning my medical care to the following individuals. I release east valley Family physicians and its staff from any claim of confidentiality in connection with the release of this information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **I do not wish to designate anyone at this time**