Mesa West Medical, Inc.

Designation for Release of Medical Information to a Family Member, Friend or Legal Representative

Introduction

It is the provider's responsibility to ensure that the physician-patient relationship is confidential. The Health Portability and Accountability act (HIPAA) allows physicians to use their professional judgment on disclosing certain personal health information to family, friends, etc. without an authorization. This form is an aid to the physicians in making a determination on disclosing such information. Mesa West Medical realizes that there are times when you, the patient, may want another person to be knowledgeable about your medical condition or medial needs. Your doctor wants you to be able, if you so desire, to name a person(s) to whom you want the office staff or involved medical care team member to speak with about your medical condition. To enable that, we would ask that you complete the form listed below. Please note the follow points:

- If you designate no one, Mesa West Medical will not release information to any family member, friend or legal representative.
- This designation is valid until you cancel it in writing.

Designation Statement

I, _____, designate the following person(s) to be able to speak to a physician at Mesa West Medical, other staff member, or involved medical care team member should it be necessary, on my behalf. I hereby give permission to Mesa West Medical through its physicians, staff members, or involved medical care team members to release to my designee(s) any information about my medical condition or medical needs or the status of my account and I release Mesa West Medical its physicians, staff members, or involved medical care team members, from any claim of confidentiality in connections with the release of this information.

_____ _____

Name Relationship

_____ _____

Name Relationship

_____ _____

Name Relationship

_____ _____

Name Relationship

Patient's Name: _____ Patient's Signature: _____

Date: _____ Witness: _____

I decline to designate another person to speak with my physician or clinical staff.

Patient's Signature: _____

Date: _____ Witness: _____