



Authorization to Discuss Your Information

To comply with HIPAA Federal Privacy Regulations, we must receive your written approval to discuss your case with anyone else including your family, spouse, children, caregivers, etc. by authorizing this, we will be able, without requiring your presence, to discuss your case, answer questions, leave detailed messages and contact the person(s) listed below. If you would like us to answer questions or discuss your case with anyone other than yourself, you must include them below. This authorization is optional and can be withdrawn at anytime by you.

Name: _____
Phone #: _____
DOB: _____

Name: _____
Phone #: _____
DOB: _____

Name: _____
Phone#: _____
DOB: _____

Name: _____
Phone: _____
DOB: _____

Signature _____ Date: _____