



# Karim HealthCare

## Authorization to Release/Discuss Information with Family Members and Friends Involved in Patient Care

Many of our patients allow other parties, such as their spouse, family members, or others to call and discuss medical information, request prescriptions, vaccine information, medical records, and results of tests, pick up forms, etc. Under HIPPA, we are not allowed to give this information to anyone without the patient's written consent. If you wish to have your information released to family members or others, you must sign this form. Signing this form will only give consent to release said information to the individuals indicated below.

You have the right to revoke this consent, in writing, except where we have already made disclosures on your prior consent.

Unless revoked in writing this authorization will remain valid indefinitely.

I authorize Karim HealthCare to release medical information to the following individuals:

<i>First name, Last Name</i>	<i>Date of Birth</i>	<i>Relationship to Patient</i>	<i>Best Contact Number</i>

I understand the following:

- This consent applies to Karim HealthCare using shared electronic medical records.
- I understand that signing this form is voluntary and that information may be release to family members or others without this form, if allowed by federal and state law.
- If I want to change the information on this form, I understand that I can and need to fill out a new form.
- Once my information is shared with the person or persons named above, it may no longer be protected by privacy laws. I understand that information disclosed to any above recipient is no longer protected by federal or state law and may be subject to re-disclosure by the above recipient.
- If I do not sign this form, I will still be treated.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Relationship to Patient:  Self  
 Parent of Minor  
 Legal Representative or Guardian (proof of power of attorney or legal guardianship required)

If you think we may have violated your privacy rights or you disagree with any action we have taken regarding your health information we want you, your family or your guardian to speak with us. If you bring this to our attention your care will not be affected in any way. It is our goal to give you the best care while respecting your privacy.

Karim HealthCare Management