



PHI DESIGNATED CONTACT LIST

Under the Health Insurance Portability and Accountability Act of 1996, as amended, patients have the right to agree, restrict or object to providing PHI (protected health information) to family members, friends and/or other persons identified as involved in the patient's care or payment for the patient's health care. To comply with the regulations, as outlined in the CHS HIPAA Privacy Policy, documentation of the patient's wishes must be present in the medical record.

Unless you object, PHI can be **verbally** disclosed to those individuals listed below for medical purposes. Your signature also authorizes Evans Gynecology staff to update this list per your direction.

Signature	Relationship, if not the patient	Date
-----------	----------------------------------	------

Please list all individuals that you authorize for **verbal** disclosure of medical information:

- Spouse _____ Phone _____
- Significant Other _____ Phone _____
- Child _____ Phone _____
- Child _____ Phone _____
- Mother _____ Phone _____
- Father _____ Phone _____
- Sibling _____ Phone _____
- Grand Parent _____ Phone _____
- In-Law _____ Phone _____
- Other _____ Phone _____

