

# Disclosures to Family Members and Friends

Place on inside flap of medical record  
Patient's initial

- As noted in Notice of Privacy and signed by, \_\_\_\_\_, disclosures may be made to family and friends related to the patient's health or as needed for payment of health care services. The NPP explained that we will only disclose information relevant to current treatment. You, our patient, have agreed that we may disclose health care information to: (check all that apply)

**In person with patient**

**By phone**

_____	_____	Spouse Name_____
_____	_____	Parent(s) Name_____
_____	_____	Sibling(s) Name_____
		Other:
		<u>Relationship</u> <u>Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Disclosures to Family Members and Friends

- Although the patient was not available (or I could not discuss with the patient because of the patient's incapacity or an emergency circumstance), I felt that it was in the best interest of the patient to make a disclosure regarding the patient's health care status or payment for health care services to:

<u>Name</u>	<u>Relationship</u>	<u>Date of Disclosure</u>	<u>Comments (optional)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee signature: \_\_\_\_\_

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