

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

Introduction

It is the physician'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. VITA and Vita Veins 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 to whom you want the office staff 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, VITA and Vita Veins will not release information to any family member, friend or legal representative.
- This Release of Information expires 1 year from the date it is signed.
- 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 VITA and Vita Veins, or other staff member, should it be necessary, on my behalf. I hereby give permission to VITA and Vita Veins through its physicians and staff to release to my designee(s) any information about my medical condition or medical needs or the status of my account and I release VITA and Vita Veins its physicians, and staff, 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: _____