



Infectious Diseases • HIV & Hepatitis • Hyperbaric Medicine • Wound Care • Travel Health • Clinical Research • Outpatient Infusion

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Patient Authorization To Discuss Protected Health Information (PHI)

DATE: _____

PATIENT NAME: _____

DOB: _____

The following named individuals have permission to discuss my PHI with my healthcare providers(s) and/or his office staff as my medical condition may require. This includes, but is not limited to, appointments, treatment plans, laboratory and diagnostic studies; and other information related to my medical care, including alcohol and drug abuse, psychiatric care, HIV and AIDS.

Printed Patient Name

Patient Signature

Person(s) authorized by patient to discuss PHI:

Name

Relationship

Name

Relationship

Diplomats in Internal Medicine and Infectious Diseases

- Edwin DeJesus, MD, FIDSA • Timothy W. Cooper, MD, FACP • Fernando S. Alvarado, MD, MPH & TM, FACP
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