



# INFECTIOUS DISEASE CONSULTANTS

Infectious Diseases • HIV & Hepatitis • Wound Care • Travel Health • Outpatient Infusion

### Main Office

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### Satellite Office

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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

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