

**Parkside Cardiology**

The purpose of this form is so that you can tell us with whom you want us to discuss your health information. Please list family members, friends, caregivers, etc., along with a telephone number where we might reach that person should the need arise. Examples of the type of information we may need to communicate are: test results, lab results, prescription information, messages from your doctor. **PLEASE DO NOT LIST OTHER PHYSICIANS.** We communicate with them as part of your treatment. If you do not want us to talk to anyone other than yourself, please indicate that below. We are happy to respect your wishes.

**Patient Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

\_\_\_\_\_ **It is acceptable to discuss my PHI (protected health information with the following person(s):**  
**Name** **Telephone #**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Do not discuss my PHI (protected health information) with anyone other than myself**

\_\_\_\_\_ **It is acceptable to leave a message:**  
\_\_\_\_\_ **with the person(s) listed above**  
\_\_\_\_\_ **on my answering machine at home**  
\_\_\_\_\_ **on my voice mail at work**  
\_\_\_\_\_ **DO NOT LEAVE A MESSAGE**

**OK to call my workplace** Y N N/A **Work Telephone #** \_\_\_\_\_

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**Patient Signature** **Date**

**Updated: Please initial and date if no changes**

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