



## AUTHORIZATION FOR ADULT PROXY TO ACCESS PROTECTED HEALTH INFORMATION (PHI)

This form is to be completed by the patient over the age of eighteen who wishes to grant another adult proxy access to their current and future medical records, including billing records in both written and verbal format. This form is not valid if altered.

### Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Other names under which patient has been treated: \_\_\_\_\_

### Adult Proxy Information (must be over 18 years of age)

Proxy's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number (s): Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to Patient:    Adult Child    Spouse/Partner    Parent/Guardian    Other

If other, please specify: \_\_\_\_\_

I hereby authorize Treasure Valley Rheumatology, employees, agents or associated health care practitioners to allow the above-named individual to access my protected health information as my designated proxy. **I understand that this authorization will remain valid and in effect until affirmatively revoked by me.**

I understand that I have the right to revoke this authorization at any time except to the extent that action has been taken in reliance on this authorization. To revoke this authorization, I must submit a written revocation to Treasure Valley Rheumatology.

I understand that information disclosed by Treasure Valley Rheumatology's pursuant to this authorization may be re-disclosed by the individual that receives this information and may no longer be protected by privacy regulations. I understand the information that my proxy will be able to access may include records related to behavioral and mental health care, alcohol and drug abuse treatment, HIV/AIDS, and genetics. I also understand that my health care cannot be conditioned upon my execution of this authorization.

Signature of Patient \_\_\_\_\_

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