



Guilford Internal Medicine

Medical Offices

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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 Accountability Act (HIPPA) 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 physician in making a determination on disclosing such information. Guilford Internal Medicine realizes that there are times when you, the patient, may want another person to be knowledgeable about your medical condition or medical 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 ask that you complete the form listed below. Please note the following points:

- The designation is valid until you cancel it in writing.
- If you designate no one, Guilford Internal Medicine will not release information to any family member, friend or legal representative.

Designation Statement

I, _____, designate the following person to be able to speak to a physician at Guilford Internal Medicine, or other staff member, should it be necessary, on my behalf. I hereby give permission to Guilford Internal Medicine through its physicians and staff to release to my designee any information about my medical condition, medical needs or the status of my account. I also release Guilford Internal Medicine, its physicians and staff, from any claim of confidentiality in connections with the release of this information.

Name of Designated Person

Relationship: _____

Phone Number: _____

Patients Name: _____

Patients DOB: _____

SIGNATURE: _____ DATE: _____

*****Copy of Photo ID Required*****