

Only complete this form if the patient has a Legal Guardian

Work Phone	Cell Phone
x below for the healthcare dec	cision maker (check one):
☐ Mother & Father ☐ Oth	ner:
ustody issues below and provi	ide supporting legal documentation.
	oked in writing. I understand that requests for e my specific authorization prior to the disclosure
	-
	is indefinite unless otherwise revo

Version: 04/16/13 Approved HIPAA Contacts