Lutheran Health Physicians
Kosciusko Medical Group

Information Disclosure Authorization
Directive
To allow us to *verbally* share protected health information to family members and friends according to your wishes, please list specific individuals whom your protected health information can be *verbally* shared.

Procedure
The following family members or friends may *verbally* receive my protected health information.

Family Member · Friend · Other	Relationship to Patient	How can we Identify this person? *For example: your birthdate, the last 4 digits of your social security number, your phone number, etc.*	Information to be Released or Restricted
			☐ **Restricted** disclosure - no information ☐ Diagnosis and/or prognosis ☐ Billing Information ☐ Specified Other:____ALL____________
			☐ **Restricted** disclosure - no information ☐ Diagnosis and/or prognosis ☐ Billing Information ☐ Specified Other:___________________
			☐ **Restricted** disclosure - no information ☐ Diagnosis and/or prognosis ☐ Billing Information ☐ Specified Other:___________________
			☐ **Restricted** disclosure - no information ☐ Diagnosis and/or prognosis ☐ Billing Information ☐ Specified Other:___________________
			☐ **Restricted** disclosure - no information ☐ Diagnosis and/or prognosis ☐ Billing Information ☐ Specified Other:___________________
			☐ **Restricted** disclosure - no information ☐ Diagnosis and/or prognosis ☐ Billing Information ☐ Specified Other:___________________
			☐ **Restricted** disclosure - no information ☐ Diagnosis and/or prognosis ☐ Billing Information ☐ Specified Other:___________________
			☐ **Restricted** disclosure - no information ☐ Diagnosis and/or prognosis ☐ Billing Information ☐ Specified Other:___________________

Patient's Signature_____________________

Patient's printed name_________________

Chart Number_________________________

Date of Birth__________________________

Today's Date_________________________

Office Staff Signature__________________________

S:PPM/PPM/Forms/Kosciusko Family Healthcare/Information Disclosure Authorization 102209jp