FRONTIER PSYCHIATRY

Patient Name: _____ Date of Birth: _____

Please read the following and complete the information requested

You have the right to identify individuals other than your health care providers who are involved in your care (family, friends, or others). We may **verbally share your medical information** to an individual you have identified as involved in your medical care. We may also give information to someone who helps pay for your care. Frontier Psychiatry will only share your health information with the individuals you designate, except as required or permitted by law. You may add or change this list at any time.

Information related to Mental Health, Chemical Dependency, or HIV testing and/or therapy will only be shared with you unless specifically authorized below. (Sensitive Information)

☐ I DO NOT authorize Frontier Psychiatry to verbally share information with anyone.

I authorize Frontier Psychiatry to verbally share medical information/billing information with the individuals listed below:

Name	Relationship to Patient	Information to Share
		☐ All, including sensitive information ☐ All, not including sensitive information ☐ Specific: _____
		☐ All, including sensitive information ☐ All, not including sensitive information ☐ Specific: _____
		☐ All, including sensitive information ☐ All, not including sensitive information ☐ Specific: _____

I agree I may be contacted for follow up information about my care at the primary telephone number I have designated.

Is it OK to leave a detailed message at the primary telephone number designated? ☐ **Yes** ☐ **No**

These designations will remain in effect indefinitely or until otherwise revoked by me in writing.

Signature: _____ Date: _____

(if signed by a personal representative of the patient, please complete the following:)

Personal Representative's Name: _____

Relationship to Patient: ☐ **Parent** ☐ **Legal Guardian*** ☐ **Power of Attorney***

*Please attach Legal Documentation if you are the Legal Guardian or Holder of Power of Attorney