



**Good Samaritan Hospital
Surgery**

Authorization for Release of Protected Health Information to a Spokesperson

As stated in the Medstar’s Notice of Privacy Practices, we may release health information about you to a family member, other relative, or any other person identified by you who is involved in your care with your permission.

By signing this authorization, you are telling us which individual(s) or ‘spokesperson(s)’ you are allowing us to speak to regarding your medical care.

This includes the following information:

- My x-ray, laboratory, test findings, diagnosis, prognosis, and treatment plan either in person or by telephone.

By signing this authorization, I understand the following:

- This authorization is voluntary.
- Once this information is released to the spokesperson(s), the released information may no longer be protected by the federal privacy regulations.
- The spokesperson(s), medical power of attorney, health care agent or other individual allowed by law will be the only person(s) who may obtain specific information about me.
- The spokesperson(s) does not have decision-making abilities unless he/she is able to do that as set forth in the law.
- I may withdraw this authorization at any time by notifying the office in writing. If I do withdraw the authorization, it will not have any effect on actions taken by GSH Surgery doctors prior to receiving the written request.
- My treatment will not be affected by me choosing to sign or not to sign this document.
- I may refuse to sign this authorization.

Patient Name: _____ DOB: _____

Names of those you are allowing us to speak to regarding your care: PRINT CLEARLY

Name: _____ Relationship to Patient: _____ Phone: _____

Name: _____ Relationship to Patient: _____ Phone: _____

Name: _____ Relationship to Patient: _____ Phone: _____

Signature of Patient or Patient’s Representative

Date

Printed name of Patient’s Representative

Relationship to Patient