



24 E. Front Street, Suite 107  
Pataskala, OH 43062  
740-777-9039 (p)  
740-7779041 (f)

### **Approved HIPAA Alternates**

I, \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ hereby authorize AffirmHD and its agent to release information in regard to my health and health related concerns to the following persons as listed below in the event that I cannot be reached or you are attempting to reach me.

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

All information  Leave a message for callback only

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

All information  Leave a message for callback only

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

All information  Leave a message for callback

If there are any questions, please call the office. Due to HIPAA regulations, we require a signed release of information to discuss any confidential medical information.