CHI Health

CS0030

DESIGNATION OF PERSONS INVOLVED IN A PATIENT'S CARE OR PAYMENT FOR CARE

☐ Clinic	☐ CUMC-Bergan Mercy	☐ Good Samaritan	☐ Immanuel	☐ Lakeside
☐ Mercy Corning	☐ Mercy Council Bluffs	☐ Midlands	☐ Missouri Valley	☐ Nebraska Heart
☐ Plainview	☐ Schuyler	☐ St. Elizabeth	☐ St. Francis	☐ St. Mary's
☐ The Physician Network	☐ CUMC-University Campus	☐ Other _____		

Privacy laws allow health care providers to disclose to a spouse, family member, relative, or a friend of a patient, protected health information (PHI) directly related to such person's involvement with the patient's treatment and care, or payment related to the care. **No special authorization or formal permission from the patient is required.**

However, to make these relationships clear for CHI Health and its providers, CHI Health allows patients to provide the names of those individuals that could be considered involved with the patient's care or payment related to their care, to facilitate accurate sharing of necessary information. Be advised that under privacy laws, health care providers may also use their professional judgment in sharing necessary information to family, friends or other involved parties that are not listed here.

Designation of Involved Individuals

Individuals that are or would be involved in my care or payment of my care are listed below. My signature below represents that I do not object to CHI Health sharing my PHI with these individuals.

Patient Information

Patient Name (Please Print)	Patient Date of Birth	Last Four Digits of SSN
Signature of Patient or Parent / Legal Guardian / Personal Representative	Relationship to Patient	Today's Date

Persons involved in my care or payment for care:

Name (Please Print)	Relationship to Patient
Address	Phone Number ( )

Name (Please Print)	Relationship to Patient
Address	Phone Number ( )

Please note that privacy laws also allow health care providers to share PHI, **without special authorization or formal permission,** in the case of emergencies or to avert imminent threat of harm or risk to safety to any appropriate individuals.

This form does not restrict uses and disclosures as allowed under applicable privacy laws. For other allowable uses and disclosures of PHI, please see the CHI Health Notice of Privacy Practices.