PHI RELEASE FORM

Patient Health Information Release Form

It is the physicians' responsibility to ensure that the physician -patient relationship is confidential. The Privacy Statement of Pulmonology and Sleep Services of San Antonio, LLC is the basis for how we treat your Protected Health Information (PHI), HIPAA (Health Insurance and Portability and Accountability Act) which allows physicians to use their professional judgement on disclosing certain PHI to family, friends, etc. without an authorization. This form is an aid to the physicians and staff in making a determination on disclosing such information. Pulmonology and Sleep Services of San Antonio, LLC realizes that there are times when you, the patient, may want another person to be knowledgeable about your medical condition or account status. Please complete the form below to give this permission.

Please note the following points:

The designation is valid until you cancel in writing.
If you do not designate anyone, Pulmonology and Sleep Services of San Antonio, LLC will not release information to any family member or friend.

Select the location of your appointment.

o   Live Oak: 11901 Toepperwein, Suite 1401, Live Oak, Texas 78233
o   New Braunfels: 545 Creekside Crossing, Suite 206, New Braunfels, Texas 78130

PATIENT'S NAME: _____ DOB:_____

Name of Designated Person and Relationship

I designate the following person(s) to speak to our physician at Pulmonology and Sleep Services, a nurse, or other staff member, should it be necessary, on my behalf. I hereby give permission to Pulmonology and Sleep Services of San Antonio, LLC, its physicians and staff to release to my designee(s) any information about my medical condition or medical needs or the status of my account and I release Pulmonology and Sleep Services of San Antonio, LLC, its physicians and staff, from any claim of confidentiality in connection with the release of this information.

Permission for others to speak with my physician or clinical staff.

First Designated Person and Relationship

NAME:_____ **TEL:**_____ **RELATIONSHIP:** _____

Second Designated Person Relationship

NAME: _____ **TEL:** _____ **RELATIONSHIP:** _____