

# Capital Medical Clinic

4701 Normal Blvd Lincoln, Nebraska 68506

Phone 402-488-5050 Fax 402-488-5001

## Authorization to Release Private Health Information (PHI)

I hereby authorize Capital Medical Clinic to release my PHI (private health information) to the following people. This authorization will remain in effect until I complete a new Authorization to Release PHI form.

Name \_\_\_\_\_ relationship

Name \_\_\_\_\_ relationship

Name \_\_\_\_\_ relationship

Name \_\_\_\_\_ relationship

Name \_\_\_\_\_ relationship

### Privacy Protection:

OK to call you at work? Y N N/A

OK to speak to your spouse about medical and billing information? Y N N/A

OK to leave medical and billing information on your home voice mail? Y N N/A

OK to leave medical and billing information on your cell phone voice ma Y N N/A

\_\_\_\_\_  
Patient signature, signature of parent/guardian of minor patient or POA Date

\_\_\_\_\_  
Please print your name (please use your legal name or the name on your insurance card) relationship to patient



*(Revised 05/2014)*