

Need to share your health information?

If anyone helps you with your healthcare — or you'd like someone to — this form can help. It lets us share your health information with them so they can take part in your care.

You control who sees your health information.

And that's a good thing. Details about your health can be very personal — and not just anyone is allowed to look at it. In fact, we call it “protected health information” because there are laws about who can access it.

Your protected health information includes things like health conditions (physical and mental), notes from doctor's visits, and test results. It also includes details about your health insurance, like your plan, benefits, billing, and payments.

We have this information because it's part of taking care of you. And keeping it safe is something we take seriously.

When would I want to share my information?

You might want a family member, friend, or someone else you trust to help with your healthcare. For example:

- You want your spouse to call and to get an update on a visit we had with you
- You suddenly don't feel well and need a close friend to call and talk to one of our nurses for you
- You want one of your children or a helper in your home to assist in your care, and talk to us about prescription or care information for you

Before any of that can happen, we need your OK to share your information with that person.

Who can I share it with?

Anyone you trust enough to help with your healthcare. Keep in mind that not every person or organization you share your information with has to follow privacy laws. So some can share your information again without asking you. To keep yourself protected, you may want to check state and federal laws.

What if I change my mind?

At some point, you may decide that you no longer want to share information with the person you listed on this form. If that happens, just let us know in writing by sending a letter to:

**Devoted Medical Group
2801 SW 149th Avenue, Suite 100
Miramar, FL 33027**

Note that this won't affect information that's already been shared.

Do I have to fill out this form?

No. You need it only if there's a person or organization you want us to share your health information with. If that's not that case, you can skip this form. And either way, it won't affect your care.

Consent for Release of Protected Health Information

Your Details

Last Name:

First Name:

M.I.

Birth Date:

 / /

Address:

City:

State:

Zip:

Insurance Plan:

Insurance Member ID:

Best Phone Number to Reach You:

Other Phone Number: (mobile)

What I Want to Share

Choose only one.

- Limited information.** Tell us what you want to share. For example, you can limit by health condition, date range, type (medical, pharmacy, claims), and more.

- All standard information.** This includes your health conditions, treatments, prescription drugs, billing details, and more. It covers just about everything.

No matter which option you chose above, we can only share certain details if you specifically tell us to. Check any of the following you'd like to share:

- AIDS or HIV tests and treatment records
- Drug and alcohol abuse treatment records
- Genetic information, like results from gene testing
- Mental health treatment records

Who to Share With

Legal Representatives:
Please include a copy of papers proving you can act as the member's legal representative. For example, you could send a healthcare power of attorney, healthcare surrogate form, living will, or guardianship papers.

Last Name: [] First Name: [] M.I. []

Organization Name: []

Birth Date: [] [] / [] [] / [] [] [] [] Phone Number: []

Address: []

City: [] State: [] Zip: []

Email: []

Relationship to you:
 Spouse Parent Agent/Broker Organization
 Sibling Child Friend

By signing this form, I'm agreeing that Devoted Medical Group can share the information I've chosen with the person or organization listed.

Signature: (yours or your legal representative's) [] Date: []

Printed Name: (yours or your legal representative's) []

Please send your completed form to:

Mail
Devoted Medical Group
2801 SW 149th Avenue, Suite 100
Miramar, FL 33027

Fax
1-888-973-8821