



Authorization to Discuss Protected Health Information (PHI)

Name: _____

Birth Date: _____

Please Choose one of the Options Below:

- I DO NOT give permission for my protected health information (PHI) to be discussed with anyone other than myself.
- I DO give Coastal Rehab authorization to discuss my protected health information (PHI) with the individual(s) I have indicated below:

Name:	Relationship:	DOB:	Appointments: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financials: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Records: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship:	DOB:	Appointments: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financials: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Records: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship:	DOB:	Appointments: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financials: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Records: <input type="checkbox"/> Yes <input type="checkbox"/> No

Rights of the Patient:

I have the right to revoke this authorization at any time by contacting our office.

I may inspect or copy the protected health information to be disclosed as described in this document.

Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I may refuse to sign this authorization and that my treatment will not be conditioned on signing

Missed Appointment Charge:

Failure to cancel your appointment in advance can result in a **\$30 no show fee**. The insurance company will not pay this. If four (4) appointments are missed without notification, your remaining scheduled appointments may be cancelled and your doctor will be notified.

Patient Name: _____

Patient/guarantor Signature: _____

Date: _____