



## DISCLOSURES TO FAMILY MEMBERS AND FRIENDS

In accordance with HIPAA regulations and the Privacy Protection Act, disclosures may be made to family and friends of patients related to their healthcare treatment and for billing purposes. Comprehensive ENT P.C. will only disclose information relevant to current treatment.

Patient Name: \_\_\_\_\_ has agreed that we may disclose information regarding their current treatment to the following person(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Unless otherwise stated, the patient grants Comprehensive ENT P.C. permission to speak with the above-named person(s) in person and/or by phone.

### Please note:

The patient may update this information at any time.