



## Disclosures to Family Members and Friends

It has been explained to the patient or authorized representative that disclosures may be made to family and friends related to the patient's health or as needed for payment for health care services, and that West End Orthopaedic Clinic will only disclose information relevant to current treatment. The patient or authorized representative has agreed to the disclosure of health care information to the individual(s) listed below:

In person with patient (please check those that apply below)	By phone	Person	Name
		SPOUSE	
		PARENT(S)	
		SIBLING(S)	
		ADULT CHILD(REN)	
		OTHER (Describe below)	

Staff will not make disclosures to any person(s) not listed above.

Any disclosures made by staff to the individuals listed above will be documented in the patient record in summary format detailing the date of disclosure, the person to whom information was discussed, a brief note about what was discussed, and the name and title of the employee making the disclosure.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

If patient is a minor or is unable to sign:

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient