



5603 38TH AVE NW
GIG HARBOR, WA 98335

**PATIENT REPRESENTATIVE
IDENTIFICATION FORM**

T: 253 - 857 - 5544

F: 253 - 857 - 9088

info@peninsulanaturalhealth.com

_____/_____/_____
PATIENT NAME DATE OF BIRTH

OFFICE USE ONLY:

CHART #

By law, the HIPPA Privacy Rule prohibits Peninsula Natural Health Center from disclosing your Protected Health Information (PHI) to anyone without your authorization, except for treatment, payment and health care operations. This rule became effective April 14th, 2003.

Please list the names of all person(s) that you wish to have access to your Protected Health Information (PHI):

NAME RELATIONSHIP TO PATIENT

NAME RELATIONSHIP TO PATIENT

NAME RELATIONSHIP TO PATIENT

NAME RELATIONSHIP TO PATIENT

Please list the name of the person(s) with whom we can discuss your bill:

NAME RELATIONSHIP TO PATIENT

NAME RELATIONSHIP TO PATIENT

NAME RELATIONSHIP TO PATIENT

If applicable, please list the name of your legal representative.

NAME RELATIONSHIP TO PATIENT

Check one: By what authority is this person your legal representative?

- NEXT OF KIN
- GUARDIAN
- GENERAL POWER OF ATTORNEY
- HEALTH CARE POWER OF ATTORNEY

PLEASE NOTE: In order for us to disclose your Protected Health Information (PHI) the above representatives must be able to provide two (2) of the three (3) identifiers listed below:

- › PATIENT'S SOCIAL SECURITY NUMBER
- › PATIENT'S DATE OF BIRTH
- › PATIENT'S ZIP CODE

_____/_____/_____
PATIENT SIGNATURE DATE