



Request for Sharing of Medical Information with Family and Friends

Your privacy is important to us. By signing this form, you are acknowledging that you have reviewed the Notice of Privacy Practices of Connecticut Kidney & Hypertension Specialists which outlines how Connecticut Kidney & Hypertension Specialists may use and disclose your protected health information. I am aware that I can go to www.ctkidneyspecialists.com to get a copy of the notice or request one at any time.

I am providing permission to leave detailed messages or instructions on my personal cell phone number at _____.

AUTHORIZATION TO RECEIVE MY MEDICAL INFORMATION

Connecticut Kidney & Hypertension Specialists may disclose my personal health information to the following:

Below please identify those individual(s) BY NAME to whom we may release information or speak with on your behalf.

Name	Relationship	Phone Number
	Legal Representative	() -

I understand that I may revoke this authorization at any time by providing written notice to Connecticut Kidney and Hypertension Specialists. I understand that the request will not apply to information that has already been released in response to this authorization. CT Kidney and Hypertension Specialists will not use or disclose personal health information beyond the scope of this authorization without my written consent or authorization. I understand that the recipient(s) I designated above may disclose my private health information. Should this occur, I will not hold CT Kidney and Hypertension Specialists responsible.

Signature of Patient or Patient's Legal Representative

Date

Patient's Printed Name or Patient's Legal Representative

Relationship (if signed by another person)