



Privacy Communication Worksheet

Patient Name: _____ MRN: _____

Designated person(s) to whom we may share PHI (Protected Health Information):

Name: _____ Relationship _____ Date: _____

Name: _____ Relationship _____ Date: _____

Name: _____ Relationship _____ Date: _____

Comments: _____

Initials of employee completing this section: _____ Department/Office: _____

Requested Restriction(s) for Uses and Disclosures:

I understand that Aultman cannot guarantee this restriction request, but that they are required to attempt to accommodate reasonable requests when appropriate. I further understand that Aultman reserves the right to terminate an agreed-to-restriction if it feels that termination is appropriate; and that I also have the right to terminate, in writing, any restrictions by completion of this form on a subsequent date.

Alternative Communication Request(s):

Patient signature: _____ Date: _____

Staff signature: _____ Date: _____