

PEACH TREE MEDICAL CENTERS

**100 RIDGE MEDICAL PLAZA
SUITE 102
EDGEFIELD, SC 29824
PHONE: 803-637-3630
FAX: 803-637-5348**

**PO BOX 68
RIDGE SPRING, SC 29129
PHONE: 803-685-7355
FAX: 803-685-5301**

PROTECTED HEALTH INFORMATION DESIGNATED CONTACT LIST

Under the Health Insurance Portability and Accountability Act of 1996, as amended, patients have the right to agree, restrict, or object to providing personal health information to family members, friends, and/or other persons identified as involved in the patient's care or payment for the patient's health care. To comply with this regulation, documentation of the patient's wishes must be present in the medical record.

Unless you object, protected health information may be VERBALLY disclosed to those individuals listed below for medical purposes. Additionally, you authorize the office staff to update this per your discretion.

Signature

Relationship (if not pt)

Date

Name of individual(s) you wish to have you information disclosed to:

Name

Relationship

Phone #
