



2037 West Main Street
Cabot, Arkansas 72023
501-843-4555 phone 501-743-1550 fax

HIPAA Authorization

Name: _____ Date of Birth: _____

I hereby designate the following person (s) to act as my personal representative with respect to decisions involving the use and/or disclosure of health information that pertains to me. This agreement will remain in place until such time as you the patient revoke this in writing.

Print name & phone number of personal representative

Relationship

Print name & phone number of personal representative

Relationship

Print name & phone number of personal representative

Relationship

Print name & phone number of personal representative

Relationship

Print name & phone number of personal representative

Relationship

Patient or Legal Guardian Signature

Date

Susanne L. Robertson, M.D. + Joseph B. McCutcheon, M.D. + James B. Holloway, M.D.
Ruth Ann Blair, M.D. + Joseph F. Shotts, M.D. + Jason Merrick, M.D. + Dustin Walter, M.D.