

Associated Oral & Maxillofacial Surgeons of Peoria, LTD

Authorization to Discuss Protected Health Information (PHI)

If we may discuss your personal information with someone other than yourself please list those names below, including your spouse. If you do NOT list a name below we cannot discuss any information with anyone other than yourself/insurance providers/and Health Professionals.

Listed Below are the Individuals that we are authorized to discuss your PHI with:

If you wish to receive a copy of *The Notice of Privacy Practices* please make your selection below:

_____ **YES, I wish to receive the Notice of Privacy Practices**

_____ **NO, I do not wish to receive the Notice of Privacy Practices**

Please Print Name of Patient

Signature of Patient (if minor Parent or Guardian must sign)

Date