



Central Indiana Orthopedics, PC

MUNCIE
3600 West Bethel Avenue
Muncie, IN 47304
(765) 284-7738
Fax: (765) 284-4266
1-800-622-6575

ANDERSON
2610 Enterprise Dr.
Anderson, IN 46013
(765) 683-4400
Fax: (765) 642-7903
1-888-622-7255

Consent for Communication of Protected Health Information to Personal Representatives

Name:	
Address:	
City, State, and ZIP:	
Telephone number:	
Date:	

I, _____, give my written consent for Central Indiana Orthopedics to share information regarding my protected health information and care to the following listed persons; I understand that these persons may be treated as personal representatives of myself;

Personal Representatives that you may share my health information with:

_____	(Name)	_____	(Relationship)
_____	(Name)	_____	(Relationship)
_____	(Name)	_____	(Relationship)

You may leave a message: (please check all that apply)

At Home At Work On answering machine

Verification Data: _____
(mother's maiden name or other id we can use)

_____	Patient's Signature	_____	Witness' Signature
_____	Date	_____	Date

Do not discuss my information with anyone other than myself at any time.

*(Must complete "Request for Confidential Communication of Protected Health Information" form.)

FOR INTERNAL PURPOSES ONLY

Account Number:	
Entered into computer date:	
Employee name:	