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**Designation for Release of Medical Information to a Family Member, Friend or Legal Representative**

It is the physicians' responsibility to ensure that the physician-patient relationship is confidential. The Health Portability and Accountability Act (HIPPA) allow physicians to use their professional judgment on disclosing certain personal health information to family, friends, etc. without an authorization. This form is an aid to the physicians in making a determination on disclosing such information. Dr. McVay and his staff realize that there are times when you, the patient, may want another person to be knowledgeable about your medical condition or medical needs. Your doctor wants you to be able, if you so desire, to name a person to whom you want the office staff to speak with about your medical condition. To enable that, we would ask that you complete the form listed below.

Please note the following points:

- Only one person can be designated for this role.
- The designation is valid until you cancel it in writing.
- If you designate no one this practice will not release information to any family member or friend or legal representative.

**Designation Statement**

I, \_\_\_\_\_, designate the following person to be able to speak to a Dr. McVay or other staff member, should it be necessary, on my behalf. I hereby give permission to Dr. McVay and staff to release to my designee any information about my medical condition or medical needs or the status of my account and McVay Foot & Ankle, P.C., the physicians and staff, from any claim of confidentiality in connections with the release of this information.

Name of Designated Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_ (home/work)

Patient's Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I decline to designate another person to speak with my physician or clinical staff.**

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_