

**DESIGNATION OF PERSONS INVOLVED IN A PATIENT'S CARE OR PAYMENT FOR CARE**


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Privacy laws allow health care providers to disclose to a spouse, family member, relative, or a friend of a patient, protected health information (PHI) directly related to such person's involvement with the patient's treatment and care, or payment related to the care. No special authorization or formal permission from the patient is required.

However, to make these relationships clear for **CHI St. Alexius Health Dickinson Medical Center** and its providers, **CHI St. Alexius Health Dickinson Medical Center** allows patients to provide the names of those individuals that could be considered involved with the patient's care or payment related to their care, to facilitate accurate sharing of necessary information. Be advised that under privacy laws, health care providers may also use their professional judgment in sharing necessary information to family, friends or other involved parties that are not listed here.

**Designation of involved individuals**

Individuals that are or would be involved in my care or payment of my care are listed below. My signature below represents that I do not object to **CHI St. Alexius Health Dickinson Medical Center** sharing my PHI with these individuals.

**Patient Information**

Patient Name (Please Print)	Patient Date of Birth	Last four digits of SSN
Signature of Patient or Parent/Legal Guardian/Person[ Representative	Relationship to Patient	Today's Date

**Persons involved in my care or payment for care**

Name (Please Print)	Relationship to Patient
Address	Phone

Name (Please Print)	Relationship to Patient
Address	Phone

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*Please note that privacy laws also allow health care providers to share PHI, without special authorization or formal permission, in the case of emergencies or to avert imminent threat of harm or risk to safety to any appropriate individuals.*

This form does not restrict uses and disclosures as allowed under applicable privacy laws. For other allowable uses and disclosures of PHI, please see the (entity name) Notice of Privacy Practices.

Patient Sticker