



## Consent to Communicate with Others

Healing Path Integrative Medicine (HPIM) is not permitted, by law, to provide information to anyone other than the patient except for treatment, payment, and healthcare operations as described in the HPIM Notice of Privacy Practices.

Healing Path Integrative Medicine would like to know with whom, if anyone, you want us to be able to discuss your treatment, instructions for treatment, treatment plans, condition updates, lab results, appointment information, and to pick up samples.

Please complete the following permissions so that the individuals that you specify can have access to the information described above.

I, \_\_\_\_\_, as a patient of Healing Path Integrative Medicine, authorize the release of my medical information regarding my treatment and care to the following individuals:

_____ Name (please print)	_____ Relationship
_____ Name (please print)	_____ Relationship
_____ Name (please print)	_____ Relationship
_____ Name (please print)	_____ Relationship
_____ Signature of Patient / Authorized Representative	_____ Date

Note: This form will be updated upon the written request of the patient. Information can be given to the above named individuals until it is revoked by the patient in writing.