

**FirstHealth Infectious Diseases  
35 Memorial Dr  
PINEHURST, NC 28374-8708  
(910) 715-5481**

**PROTECTED HEALTH INFORMATION ACCESS AUTHORIZATION FORM**

Patient Name:
MR#:
DOB:
Date:

In accordance with federal guidelines, it is my understanding that I can authorize up to three (3) people, other than myself, access to my Protected Health Information medical records and information pertaining to my medical care.

The following people have authorized access to my medical health information.

Name	Date of Birth	Telephone	Relationship

I also understand it is my accountability to keep this list updated and that I can add or subtract as I deem necessary.

I wish no one but myself to have access to my protected health information.

Please check here and grant us permission to leave messages on your voicemail (either landline or cell phone) regarding appointment reminders, missed appointments or a request for you to call the clinic to receive your test results.

Patient Signature	Date
Witness Signature	Date