



**AMBULATORY CARE
INVOLVEMENT IN CARE DISCUSSIONS FORM**
(Reference HIPAA Policy 0P23.2)

This is a worksheet to facilitate communication with the patient and with those whom the patient identifies as being involved in their care. It does NOT require the patient's signature. It is not meant to replace or be used instead of the SH48 Authorization for Release of Medical Information (required for release of copies of medical records). Those named on the form below are not permitted to access the patient's medical record.

The information should be entered in an FYI Flag for Involvement in Care in eRecord.

DO NOT SCAN this document into eRecord

Patient Name: _____ Medical Record #: _____

URMC & Affiliates _____ (department, provider or practice name)
may verbally discuss protected health information, including lab/test results and payment issues with the following people:

Name	Relationship	Contact Info/Comments

COMMUNICATION REQUESTS:

Date: _____

- Y N Phone me using the following number: (☎) _____
- May phone at work (☎) _____
- May leave messages on answering machine
- Other: _____

This will remain in effect until notified differently by the above patient.

Created: 5/30/03
Rev: 08/03, 09/12b

SIGNATURE _____ DATE _____