

## Disclosure or Notification to Family or Others

**PURPOSE:** This form is used to identify the family members, close friends, and other persons to whom we may disclose protected account or appointment information about you (the client), or to contact in case of an emergency. This form is effective for the duration of your care or until you provide further notice.

**INSTRUCTIONS:** (1) Fill in Client Name below; (2) Please check YES or NO appropriately below, and follow the directions specific to the box you checked; and (3) Sign and date at the bottom of this form. ***If the client named below is under 18 years of age, a parent or legal guardian must complete this form.***

**Client Name:**

- NO**, I do not want anyone to have access to my account or appointment information (draw a line through form, sign & date).
- YES**, I agree that protected account and/or appointment information may be disclosed to the person(s) listed. You may wish to include any of the following: a spouse (*not automatically included*), parent, other friend or relative, the insurance subscriber (this is the policy holder, not the insurance company), legal guardian, etc.

*Information in this column is REQUIRED.*

*Please complete below if available.*

NAME	TELEPHONE
RELATIONSHIP TO CLIENT	ADDRESS
<input type="checkbox"/> Account <input type="checkbox"/> Appointment <input type="checkbox"/> Emergency contact	
NAME	TELEPHONE
RELATIONSHIP TO CLIENT	ADDRESS
<input type="checkbox"/> Account <input type="checkbox"/> Appointment <input type="checkbox"/> Emergency contact	
NAME	TELEPHONE
RELATIONSHIP TO CLIENT	ADDRESS
<input type="checkbox"/> Account <input type="checkbox"/> Appointment <input type="checkbox"/> Emergency contact	
NAME	TELEPHONE
RELATIONSHIP TO CLIENT	ADDRESS
<input type="checkbox"/> Account <input type="checkbox"/> Appointment <input type="checkbox"/> Emergency contact	

**CLIENT SIGNATURE**

\_\_\_\_\_  
Signature of Client (*if 18 or older*), or Parent/Legal Guardian (*if client is under 18*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signature Above

\_\_\_\_\_  
Relationship to Client