

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

Patient Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

URMC/Strong Health \_\_\_\_\_ (department, provider or practice name)  
may discuss protected health information, including lab/test results and payment issues with the  
following people:

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