**AMBULATORY CARE
INVOLVEMENT IN CARE DISCUSSIONS FORM
(HIPAA P&P 23.2)**

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 SH-48 Authorization for Release of Medial It

The information should be entered in EYFY flush tiCa 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	R	Cell	Can

COMMUNICATION REQUEST   **Date _____**

	Phone me using the following number: (#) _____

Y   N

[]   []   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