MEMORIAL HEALTH SYSTEM
Heartland Health Care Clinic
ABILENE Salina Regional Health Center

♥ 511 NE 10th Street ♥ Abilene, Kansas 67410 ♥
(785) 263-4131

Permission to Disclose Information to Those Involved in My Care

Patient Name: ____________________________ **Patient DOB:** _____/_____/______

Patient's Doctor: ______________________________

☐ **Patient Only** **(No one other than my self can discuss my financial or medical care at this facility)**

I hereby allow Heartland Health Care Clinic to disclose the following Protected Health Information
To the following people because they are involved with my health care or payment:

Please check All boxes that apply and sign below to authorize access your information

Name: ___________________________________ **Relationship:** ________________________

☐**All Info** ☐Appt. Dates & Times ☐Tests that have been received ☐Test Results ☐Billing

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Name: ___________________________________ **Relationship:** ________________________

☐**All Info** ☐Appt. Dates & Times ☐Tests that have been received ☐Test Results ☐Billing

____ ______________________

Patient or Guardian Signature **Date**

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Relationship to Patient **(If signed by a personal representative or parent/guardian of the patient)**