1818 E 23rd Avenue
Hutchinson KS 67502
Telephone: (620) 259-2325
Fax: (620) 259-2337
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PATIENT NAME ________________________________ **DOB**_____________________

ACCESS TO PERSONAL HEALTH INFORMATION (PHI)

PHI RELEASE

This authorizes Capstone Orthopedics to release your protected health information. You only need to complete this if you want Capstone Orthopedics to give your protected health information (PHI) to another person, such as your spouse. Please note this form does not alter our ability to communicate with family members involved in your care that are not designated below in the event of an emergency or other circumstance where you are unavailable and, in our professional judgment, we believe it is in your best interest to do so.

Person(s) authorized to receive Protected Health Information (Please Print)

____ ____________________________
Name **Relationship**

____ ____________________________
Name **Relationship**

____ ____________________________
Signature **Date**
(Signature of patient or person legally authorized to consent/sign for patient)