MOUNT PLEASANT MEDICAL ASSOCIATES

Release to Family and Friends Involved in Health Care

Patient's Name: _____ Birth Date: _____

Address: _____ Phone No:_____

Social Security #:_____ Medical Records #:_____

Mount Pleasant Medical Associates has always been committed to the protection of your personal medical information.
We realize that in today's society your spouse, individual family members, or close friends may be involved with your care or the payment of your care. In an effort to protect your personal medical information, we need to know the individuals you wish to allow our staff to release or discuss your care or the payment of your care with.

The physicians, nursing staff and office staff have my permission to release or discuss my personal medical information Concerning the following:

- o General Medical Care
- o Billing and Accounts
- o Medications
- o Insurance Information
- o Appointments

MPMA may release or discuss my personal medical information, as indicated above, with any of the following individuals In person or by telephone.

1)_____ relationship_____

2)_____ relationship_____

3)_____ relationship_____

4)_____ relationship_____

_____ _____
Print Name of Patient Date

_____ _____
Signature of Patient or Legal Representative State Relationship to Patient

_____ _____
Signature of Witness Date

Mount Pleasant Medical Associates will not release or discuss your personal medical information with your spouse, individual family members or close friends, as indicated above, for the following:

- Any information related to sexual abuse, child abuse, other abuse, neglect, or domestic violence.
- Any information that we feel may cause or bring harm to you or someone else.
- Any information related to pregnancy, infertility, sterilization, or other related.
- Any information related to sexually transmitted diseases.
- Any information related to Acquired immunodeficiency Syndrome (AIDS), or human-immune deficiency virus (HIV)
- Any information related to alcohol or substance testing, treatment, or abuse.

If you desire our staff to release or discuss any of the above items with your spouse, individual family members or close friends you must specifically authorize, in writing for us to do so. Any MPMA staff member will assist you in doing so.
This document shall remain in effect until revised or revoked by the patient or their personal representative.
Using protected Health information For involvement in and Notification of the Patient's Care.