



916 South 3rd Street
Mt. Vernon, WA 98273-4324
Voice: (360) 336-5658
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Contact & Privacy at Skagit Family Health Clinic

Patient name: _____

Contact me

Home Phone: _____
Ok to leave detailed message: Yes No

Cell Phone: _____
Ok to leave detailed message: Yes No

Work Phone: _____
Ok to leave detailed message: Yes No

Email Address: _____
Ok to leave detailed message: Yes No

Sharing SFHC can share my health info with (i.e. family members):

- Name: _____ Relation: _____
- Name: _____ Relation: _____
- Name: _____ Relation: _____
- Name: _____ Relation: _____

*****This form is not a consent to release records to other provider offices*****

- | | |
|--|---|
| <u>Time Limits</u> share records from: | <u>For How Long</u> |
| <input type="checkbox"/> Anytime (past/now/future) | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Dates from _____ to _____ | <input type="checkbox"/> This date/event: _____ |

- | | |
|---|---|
| <u>Topic Limits</u> share records: | <u>Canceling</u> |
| <input type="checkbox"/> General records & include | I can cancel this permission, in writing, at any time. But I can't retroactively cancel permission. |
| <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Communicable diseases including HIV/AIDs | |
| <input type="checkbox"/> Alcohol/Drug abuse treatment | |

After Sharing

SFHC protects privacy. But SFHC can't control how my designees share information after SFHC has shared it.

Patient/Guardian's Signature _____ **Date** _____