

ORTHOPEDIC SPECIALISTS OF IDAHO

CASEY I. HUNTSMAN, M.D. – HUNTSMAN ORTHOPAEDIC SURGERY AND SPORTS MEDICINE PA

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If you are unable to make your medical decisions, who would you have make them for you.

Name: _____ Phone: _____ Relationship: _____

PROTECTED HEALTH INFORMATION RELEASE

- ☐ You have my permission to speak with my spouse about my medical care.
- ☐ You have my permission to leave information on my answering machine regarding my medical care and test results
- ☐ You have my permission to talk with my children or other family members involved with my medical care.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Other. Please describe: _____

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____