Change in HIPAA Status
Holistic Health and Wellness, PA

EXCLUSIONS

I want to exclude the disclosure of any of my health information to the following providers, individuals, organizations, hospitals, and/or insurance companies. (Excluding an insurance company would preclude our filing insurance on your behalf).

INCLUSIONS

I want to allow the disclosure of any of my health information to the following individuals, organizations and hospitals. (Note you do not need to include insurance companies or providers as they are automatically included and can only be excluded)

_____ _____

Patient Name (printed) Date

_____ _____

Patient Signature Authorized Provider Representative

_____ _____

Personal Representative (printed) Personal Representative Signature

_____

Description of personal representative's authority to act for the patient.