Obstetrics and Gynecology II, Ltd.
1302 Franklin Ave, Suite 2800
Normal, IL. 61761
309-454-1074

PHI ACCESS FORM
Family, Friends and Others Involved in Your Care

Obstetrics and Gynecology II, Ltd. prides itself for the close relationship we have with our patients. But we may not be sure, in every case, whether a family member or friend is involved in your care. **We ask that you complete this form to inform us of those individuals.** We will enter this information in our computer system to assist our staff in verifying a person's involvement. By identifying your caregivers, you can avoid problems that may arise when our staff does not know a person's relationship to you and your care. This form does not address individuals who are involved in the payment to your health care services, such as guarantors.

Patient Name:_____ Patient #_____

Patient Address:_____

By Completing this form and signing below, you are granting Obstetrics and Gynecology II, Ltd. permission to share protected health information (PHI), including without limitation, appointment information, tests results, diagnosis, or treatment plans, with the individual(s) listed below who is/are a family member, close friend, or other person involved in your care. Under certain medical circumstances, however, a licensed health care professional may identify one or more individuals after determining in his/her professional judgment that sharing PHI on a continual basis would be in the best interest of that patient (e.g. emergency situations, patient has Alzheimer's and no power of attorney was granted to the caregiver, etc.). There may be other medical situations where the Practice may disclose PHI to family members or friends in accordance with federal and state law. Categories of people will not be accepted (e.g. "all family members" or "all members of your church") because of the difficulty in verifying their identity.

Name	Relationship	Address and Phone Number

Patient Signature(required):_____ Date:_____

Staff Signature(if applicable):_____ Date:_____