

River Cities Bone & Joint Centre  
Joseph R. Leith, M.D.

## AUTHORIZATION OF PERSONAL REPRESENTATIVE TO RECEIVE PROTECTED HEALTH INFORMATION

You may rely upon your spouse, relatives or friends from time to time to understand your treatment options, visit your physicians, acquire prescriptions, get test results, and otherwise be involved in your medical care. However, federal law does not allow us to Disclose any of this information to these people unless you appoint them as your "personal representatives".

To appoint an Individual as your personal representative, complete this form.

I hereby authorize River Cities Bone & Joint Centre to release the following protected health information to the Individual I have designated:

Name	Relationship Spouse, Relative, Friend, Other

I may revoke this authorization at any time. My revocation will NOT affect any actions that have been already taken in reliance on my original authorization.

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Patients Printed Name

Date

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Patient's Signature

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Signature of Patient Representative

Relationship