

**The Federal Department of Health Services (DHHS)**

Under the HIPAA privacy standards, we may have to disclose your information to DHHS as necessary to determine our compliance with those standards.

If you wish for others (family members or friends) to have access to your health information, please specify their name(s) and relationship(s).

- 1.
- 2.
- 3.

Effective date \_\_\_\_\_

Signature \_\_\_\_\_