

Internal Medicine Associates

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Family Member/Friend Information

According to HIPPA Privacy Standards, Internal Medicine Associates may share protected information with family members or friends who are involved in your care as long as you have an opportunity to object. If you are unable to object, for whatever reason, we will use our professional judgement to determine whether objection is necessary.

To enable us to share this information with family members or friends according to your wishes, please list names and relationships below of those individuals with whom your health information can be shared. You must sign and date this section.

The following family members or friends can receive my protected health information as necessary for my care or payment for that care. Please list your emergency contact first.

Name	Relationship	Daytime Phone#

Signature of Patient or Personal Representative	Date
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You may choose to revoke this consent at any time in writing.