

**Hopedale Cardiovascular Associates**

236 Milford Street

Upton, MA 01568

Tele: 508-473-1015 Fax: 508-634-0261

HIPPA Privacy Regulations prevent us from disclosing protected health information about you with others, unless we have your authorization to do so.

If you would like to grant permission from Hopedale Cardiovascular Associates and/or staff to disclose information regarding your diagnosis and/or treatment to a family member, friend and/or caretaker, please indicate by signing below.

I, \_\_\_\_\_ authorize Hopedale Cardiovascular Associates and staff to speak with:

_____		_____	
Print Patient Representative Name		Phone Number of Representative	
Relationship between you and the above representative:			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other (Please Specify)

_____		_____	
Print Patient Representative Name		Phone Number of Representative	
Relationship between you and the above representative:			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other (Please Specify)

_____		_____	
Print Patient Representative Name		Phone Number of Representative	
Relationship between you and the above representative:			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other (Please Specify)

about my health care.

_____	_____
Patient Signature	Date

I, \_\_\_\_\_ authorize Hopedale Cardiovascular Associates to leave messages on my answering machine at the following phone number:

\_\_\_\_\_ I understand that messages may contain protected health information, including diagnosis and treatments about me.

_____	_____
Patient Signature	Date

*Please be aware that this authorization will remain in effect unless you request to have it revoked.*