



Updating Confidential Communications

Patient Name: _____ Date of Birth ____/____/____

Use this section to **AUTHORIZE** others who may contact Prime Behavioral Health to obtain PHI and to communicate with our practices regarding the patient above. For example, spouse, children, parent, friends, etc.

Authorized User #1: _____ Date of Birth: ____/____/____

Relationship to You: _____ Phone # () _____

Authorized User #2: _____ Date of Birth: ____/____/____

Relationship to You: _____ Phone # () _____

**If more than 2 Authorized Users – complete another form.*

Use this section to request that Prime **DOES NOT** disclose my PHI with the following individuals:

Unauthorized User #1: _____ Date of Birth: ____/____/____

Relationship to You: _____ Phone # () _____

Unauthorized User #2: _____ Date of Birth: ____/____/____

Relationship to You: _____ Phone # () _____

Patient Signature: _____ **Date:** ____/____/____

Do you **Authorize** Prime Behavioral Health to leave a detailed message on your answering machine?

Select one of the following options:

I **AUTHORIZE** Prime Behavioral Health to leave any verbal messages on my answering machine.

I **DO NOT** Authorize Prime Behavioral Health to leave verbal messages on my answering machine.

Patient Signature: _____ **Date:** ____/____/____

FOR PRIME USE ONLY

Request rec'd on: ____/____/____ Request updated in AdvancedMD Request updated by: _____