



# BEST START BIRTH CENTER

## Disclosure of Protected Health Information

This document allows you clarify the family members, friends, clergy, health care providers, or other third parties to whom you wish to have made your medical and psychiatric health information available.

So that we may provide you with the most clinically relevant advice, we request that you only bring visitors to your visits (in audio, video, or live format) in front of whom you would openly discuss any aspect of your medical or psychiatric health. However, we know this is not always possible. Therefore, if there is any detail of your health information that you wish us to omit when you have guests in the room, please list that specific detail here.

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In addition, if you wish, you may list specific people below (clergy, family members, therapist, etc.) with whom we could discuss your protected health information with even when you are not present (in audio, video, or live format). If anyone would ask to discuss your information when you are not present and their name is not listed on this form, they would not be privy, by law, to any information under any circumstances.

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The healthcare providers at Best Start Birth Center work as a team and share information with each other only within the practice in order to provide the safest care for you. (Initial )

If you need to transfer to another facility, we may disclose your health information to that facility and discuss your information with the healthcare providers taking care of you during the transfer. (Initial )

This document may be revoked and/or reassigned at your discretion at any time.

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Client Name

Client Signature

Date

Date of Birth: \_\_\_\_\_