



ACCESS TO PROTECTED HEALTH INFORMATION AUTHORIZATION

3211 (Rev. 03/23) Page 1 of 1

Name of Patient: \_\_\_\_\_

I hereby assign the person below as the Caregiver:

Name	Relationship to Patient	Address	Telephone

I hereby decline assigning any Caregiver:

“CAREGIVER” shall mean any individual duly identified as a caregiver by a patient under this article who provides after-care assistance to a patient living in his or her residence. An identified caregiver shall include, but is not limited to, a relative, partner, friend or neighbor who has a significant relationship with the patient.

Patient Name (Print) \_\_\_\_\_ Date/Time \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_

OFFICE USE ONLY:

- Patient is unable to provide consent due to condition
- Patient refused to sign

\_\_\_\_\_  
Hospital Staff Person’s Name

\_\_\_\_\_  
Date & Time