

## **AUTHORIZATION TO DISCUSS HEALTHCARE ISSUES**

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I hereby authorize Dr. James Biemer and/or other staff members to discuss my healthcare issues with the following person(s):

1. **NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. **NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

3. **NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. **NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I understand I have the right to receive a copy of this authorization, and also my revoke this authorization at any time by calling Dr. Biemer's office or by sending written notice.

This authorization will remain in effect until otherwise notified. Initial here: \_\_\_\_\_

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date