

PHI Disclosure Agreement



Your name	Your date of birth

ANHC Protected Health Information Policy

Protected health information (PHI) includes demographic information, health history, test results, insurance information, and more. **We will only disclose your PHI to other parties with your written permission.**

Who should you list on this form?

- Anyone you would like to have access to your PHI.
- **Language interpretation assistance:** People who will provide you with language interpretation assistance when you receive health care at ANHC.
- **Parents and/or guardians:** If you are age 12 to 17, your parents and/or guardians will only have access to your MyChart account as a proxy if you list them on this form.

How long does the PHI Disclosure Agreement last?

This PHI disclosure agreement will remain in effect unless we receive written notice from you. You may make changes to your PHI disclosure agreement at any time. To make changes, request another copy of this form.

I allow ANHC to disclose my personal health information to the following people:

Name	Relationship to you	Date of birth	Do you authorize this person to have proxy access to your MyChart account?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Signature	Today's date