WMC Health | MidHudson Regional Hospital
Westchester Medical Center Health Network

* A T 0 0 0 4 *

ACCESS TO PROTECTED HEALTH INFORMATION AUTHORIZATION

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