First Choice
Home Health • Hospice • House Calls

First Choice House Calls
Phone: 208.322.1199
Fax: 208.322.4123
12400 W Overland Rd., Suite, 100
Boise, ID 83709
www.firstchoiceboise.com

Family and Caregiver Health Information Authorization

This form allows a patient to specify family and friends who MAY or MAY NOT have access to the patient's health information on an ongoing basis. The patient must have this signed authorization form on file for any information to be shared.

Patient Name:____ MRN:_______ DOB:_________

Name	Address	Phone Number(s)	Relationship to Pt.	Access to Health Information
		C: H: W:		☐ MAY have access ☐ MAY NOT have access to health info
		C: H: W:		☐ MAY have access ☐ MAY NOT have access to health info
		C: H: W:		☐ MAY have access ☐ MAY NOT have access to health info
		C: H: W:		☐ MAY have access ☐ MAY NOT have access to health info
		C: H: W:		☐ MAY have access ☐ MAY NOT have access to health info
		C: H: W:		☐ MAY have access ☐ MAY NOT have access to health info
		C: H: W:		☐ MAY have access ☐ MAY NOT have access to health info
		C: H: W:		☐ MAY have access ☐ MAY NOT have access to health info

____

Signature of Patient or Legal Representative **Date**