

RR DONNELLEY

**AMBULATORY CARE  
INVOLVEMENT IN CARE DISCUSSIONS FORM  
(Reference HIPAA Policy 0P23.2)**

Patient Name: \_\_\_\_\_ Medical Record # \_\_\_\_\_

URMC/Strong Health \_\_\_\_\_ (department, provider or practice name)  
may discuss protected health information, including lab/test results and payment issues with the following people:

Name	Relationship	Comments

**COMMUNICATION REQUESTS:**

**Date:** \_\_\_\_\_

**Y**      **N**      Phone me using the following number.      (#) \_\_\_\_\_.

           May phone at work.      (#) \_\_\_\_\_.

           May leave messages on answering machine.

           Other: \_\_\_\_\_

*This will remain in effect until notified differently by the above patient.*

**Note:** This Discussion Form is a worksheet to facilitate communication. It does not require the patient's signature. It is not meant to replace or be used instead of the SMH/HH 48 Authorization for Release of Medical Information.