

# HIPAA OPT-OUT

Puget Sound work Injury Clinic, LLC  
812 Cherry Ct.  
Bremerton, WA 98310

## 1. DO YOU WANT YOUR FAMILY AND FRIENDS TO HAVE ACCESS TO YOUR HELATH INFORMATION:

The HIPAA Privacy Rule requires Puget Sound Work Injury Clinic to provide each patient with the opportunity to agree, limit or object to any health information that may be provided to the patient's family or friends. To take advantage of this opportunity, please complete, sign and date the following sections.

## 2. YOUR PERSONAL INFORMATION:

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

SSN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## 3. OPT-OUT PROCEDURE:

If you would like to agree, limit or object to your health information being shared with your family and friends, please check the corresponding box: \_\_\_\_\_ agree \_\_\_\_\_ limit \_\_\_\_\_ object

Please describe your wishes in detail, if necessary, include individuals' names and your relationship to them.

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## 4. AUTHORIZATION:

I authorize Puget Sound Work Injury Clinic to follow the above-stated Opt-Out Procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a legal representative fills out this form, he/she must complete the following:

Representative's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_