

**Sentara Martha Jefferson Medical Group**

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**Sharing Information with Family and Friends**

Sentara Martha Jefferson Medical Group has a Notice of Privacy Practices which describes how we may use and disclose, and how you may access, your protected health information. At times spouses, children or others may call on your behalf. If you would like us to share your protected health information with others, please indicate to whom we may disclose this information. If you do not let us know who we may speak to, we will **NOT** discuss your protected health information with them.

I, \_\_\_\_\_, date of birth \_\_\_\_\_, give my permission to Sentara Martha Jefferson Medical Group to discuss my medical care and/or to leave messages with the following people:

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_ (initial date)

I have reviewed the above and no changes are necessary:

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_ (annual update)

I have reviewed the above and no changes are necessary:

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_ (annual update)