



ACCESS TO PROTECTED HEALTH INFORMATION (PHI)

Dear Patient and Family Members,

The State of Florida has recently made it easier for you to choose and designate those individuals you wish to have access to your Hospice medical records or Protected Health Information (PHI) in the event of your death.

A person lawfully acting on your behalf may give authorization in the event you are unable to do so. Lawfully acting individuals include health care surrogates, health care proxies, guardians, or agents under a health care power of attorney.

You may notify Gulfside Hospice of your designated individuals by completing the attached form and giving it to one of your Hospice team members.

Notifying Gulfside Hospice in writing will ensure the release of your confidential patient records or PHI to the individuals you authorize.

Thank you for giving Gulfside Hospice this opportunity to serve you.

IMPORTANT: Please choose a verbal passcode and enter it here:

This code **MUST** be provided by your authorized individual(s) to receive access to your PHI.

Please make sure you give this verbal passcode to the individuals listed on your authorization form.

KEEP THIS DOCUMENT IN A SAFE PLACE

I understand that this authorization(s) will remain in effect until such time that I, or my lawfully acting representative, revoke any or all authorizations. To revoke this authorization(s), please call 813-501-8215.