

(Patient Identification)

Permission to Communicate with Family and/or Others Involved in Your Care

As a patient at UConn Health you have a right to restrict who you want us to communicate with regarding your health information. If you would allow us to routinely communicate with any family, friends or others involved in your care please let us know their names and contact information. We will only communicate with those individuals that you note below.

Please print below the name(s) of persons with whom we may discuss your health information. Also provide their relationship to you and their contact information.

1. Name of family member or friend: _____
Relationship to you: _____
Phone number: _____

2. Name of family member or friend: _____
Relationship to you: _____
Phone number: _____

Hospital visitation ONLY: You also have the right to identify a support person for this purpose.

Support Person (for visitation): _____

Print Patient Name

Patient Signature

Date

Time AM PM

STAFF USE ONLY:

Inpatients (exception Psychiatry and CMHC): Complete a form for each inpatient at every admission. Retain paper copy in chart.
Outpatients in JDH and UMG clinics: Assure a form is completed for each new patient to UConn Health. Enter information into GE (IDX). Registration staff update annually and front desk staff update at the patient's request.
Outpatients in Psychiatry: Assure a form is completed for each patient. Retain paper copy in chart. Registration staff update annually and department staff update at the patient's request.
Dental locations: Complete a form for each new dental patient. Enter information into axiUm. Check for updates at each visit and enter any changed information into axiUm.

HCH1397