



Premier Diabetes Care, PLLC

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<http://www.premierdiabetescare.com>

HIPAA Disclosure Form

Patient Name: _____ Date of Birth: _____

Preferred method of communication

Phone: _____

Email: _____

Mail (If different from file): _____

May we leave a detail message if you don't answer? Yes No

I, the person named above, hereby authorize **Premier Diabetes Care** to release and discuss my medical information which may include, but not limited to appointments, diagnostic and laboratory results, diagnoses, medications, therapies, treatment plans, and account status with the following family members:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I, the person named above, assign (Print Name) _____
(Relationship) _____ to be the main contact person for **Premier Diabetes Care** to communicate and relay messages regarding my care.

I understand that this authorization will be in good standing for one year from the signed date. However, I may add or remove any one from this list at any time by signing a new disclosure form.

Signature: _____ Date: _____