## HIPAA CONTACT INFORMATION

I authorize Linke Urology and Robotics, its affiliated healthcare providers, and their business units, to share information about me with the people listed below for involvement in my care. This information may include:

- Medical information (including test results)
- Billing statement information and
- Appointment scheduling information (including referrals to other health care providers).

I intend for this authorization to include information relating to treatment for physical, mental and behavioral health illness, communicable disease, and HIV, AIDS or AIDS-related information.

| | |
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| Contact Name: | |
| Relationship: | |
| DOB: | |
| Phone Number: | |

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| Contact Name: | |
| Relationship: | |
| DOB: | |
| Phone Number: | |

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| Contact Name: | |
| Relationship: | |
| DOB: | |
| Phone Number: | |

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| Contact Name: | |
| Relationship: | |
| DOB: | |
| Phone Number: | |

Do you have contacts to list?

○ Yes, I have listed contact (s). ○ No Contacts

I understand I can revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it. I release Linke Urology and Robotics from any legal responsibility or liability for sharing information with the people listed. I understand that these people might not keep my information confidential, and it might not be protected by

federal and state privacy law any longer.

By typing/electronically signing my name below I acknowledge that I have read and understand this authorization, authorize the disclosures set forth above, and consent to the use of electronic records.

*Note: This authorization will remain in effect until revoked in writing or replaced with an updated form. If the patient is a minor (under age 18) a new form must be completed by the patient when they reach legal age (18).*

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|---|
| Patient Name: |
| DOB: |
| MRN: |
| |

Relationship to Patient _____

Signature of Patient/Parent/Guardian/Legal Representative:

***MUST COMPLETE: It is a requirement for the patient/parent/guardian/legal representative to completely fill out these areas in order to consider the form valid.**