



Talkeetna Clinic

Willow Clinic

Monday – Friday



Mile 4.4

24091

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Long Lake Rd.

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HC89 Box 8190

PO Box 1049

Talkeetna, AK 99676

Willow AK 99688

Consent to Discuss

Patient Name _____ **Date of Birth** _____

Under the Health Insurance Portability and Accountability Act (HIPAA), Sunshine Community Health Center (SCHS) may not release information to any person with the patient’s prior consent. If you wish to have your **care plan discussed or medication picked up by** any other person, you must complete this form. A care plan consists of any medical and dental information including history, treatment plans, test results, medication, and billing information. Behavioral Health Information is protected at a higher level, and permissions to discuss this information will be granted by the behavioral health provider.

If you wish to request a copy of your records, a Release of Information form must be filled out. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I authorize Sunshine Community Health Center to discuss my care plan with...

Name	Relationship to Patient	Phone	Revoke Access	Date

This consent...

Expires on _____
 Does not expire

Patient Signature		Date	
Guarantor Signature		Date	
SCHC Witness		Date	