



Talkeetna Clinic
Mile 4.4
Talkeetna Spur Rd.

Willow Clinic
24091
Long Lake Rd.

Wasilla Clinic
950 E. Bogard Rd.
Suite #233



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HC89 Box 8190
Talkeetna, AK 99676

PO Box 1049
Willow AK 99688

950 E. Bogard Rd., #233
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Consent for a Family Member to Access my Protected Health Information (PHI)

(for the Provision of Direct Care)

I, (Patient Name) _____

give permission to allow, (SCHC Employee Name) _____

to access my Protected Health Information for the provision of treatment.

This permission form will be scanned into my Electronic Health Record, for reference at future visits, if deemed necessary. (Allowing the same employee/family member to provide care at any future appointments.)

This permission form has no expiration date, but I can change my mind at any time and request that permission be denied.

Signature: _____

Witness: _____

Provider Permission: _____

Date: _____

Denial Date, (if permission changed): _____

Denial Signature: _____