SUNSHINE
COMMUNITY HEALTH CENTER

Talkeetna Clinic
Mile 4.4
Talkeetna Spur Rd.

(907) 733-2273
Fax: (907) 531-5161

HC89 Box 8190
Talkeetna, AK 99676

Willow Clinic
24091
Long Lake Rd.

(907) 495-4100
Fax: (907) 531-5161

PO Box 1049
Willow AK 99688

Wasilla Clinic
950 E. Bogard Rd.
Suite #233

(907) 376-2273
Fax: (907) 531-5161

950 E. Bogard Rd., #233
Wasilla AK 99654

Consent to Discuss Information

Under the Health Insurance Portability and Accountability Act (HIPAA), Sunshine Community Health Center (SCHC) may not release information to any person without the patient's consent. If you wish to have your **care plan discussed or medication(s) picked up by** any other person, you must complete this form. A care plan consists of any clinical information including history, treatment plans, results, medications, and billing information. Behavioral Health Information is protected at a higher level, and permissions to discuss this information can 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 according to your prior consent.**

Patient Name: _____ Birthdate: _____

I authorize Sunshine Community Health Center to discuss my care plan with the following:

				Revoke Access	Date Revoked
1.	Name: _____	Relation to Patient _____	Phone: _____	☐	
2.	Name: _____	Relation to Patient _____	Phone: _____	☐	
3.	Name: _____	Relation to Patient _____	Phone: _____	☐	
4.	Name: _____	Relation to Patient _____	Phone: _____	☐	

Check one:

☐ **This consent expires on _____.**

☐ **Does not expire**

_____ _____ _____
Patient Signature DOB Date

_____ _____ _____
Parent/Legal Guardian Signature Print Name Date

_____ _____
Witness Signature Date