

**Holy Family Medical Associates, L.L.C.**

144 S. Hillside Street  
Wichita, KS 67211  
Phone: 316-682-9900 Fax: 316-682-0311

**PROTECTED HEALTH INFORMATION AUTHORIZATION**  
**&**  
**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

By signing below, I give my consent for Holy Family Medical Associates, L.L.C. to disclose my record(s) for treatment, medical information, appointment information and financial or insurance information. I further authorize Holy Family Medical Associates, L.L.C. to leave a telephone message for me at any of the contact numbers that I have furnished to them. This may include but is not limited to my home, cell, work or emergency telephone numbers. I understand that I may revoke this consent or limit the release of information in writing at any time, except to the extent that Holy Family Medical Associates, L.L.C. as already taken action in reliance thereon. I understand I must designate those persons who are allowed medical, insurance and appointment information and that without designating those allowed access to this information, no information will be given out to anyone other than myself. I have received a copy of the Notice of Privacy Practices for Holy Family Medical Associates, L.L.C. and understand Holy Family Medical Associates, L.L.C. reserves the right to modify the privacy practices outline in the notice.

The following people may have access to all of my protected health information:

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

The following people may not have access to all of my protected health information:

Name	Relationship	Release limited to
Name	Relationship	Release limited to

**FAMILY MEMBERS SEEN IN THIS OFFICE THAT THIS INFORMATION IS APPLICABLE FOR:**

Name	Date of Birth	Relationship
Name	Date of Birth	Relationship
Name	Date of Birth	Relationship
Name	Date of Birth	Relationship

Signature of Patient / Legal Guardian	Date