



***Occasional and Limited Release of Information to  
Family, Friends, or Caregivers***

The HIPPA privacy rule allows providers to use their professional judgment in disclosing certain information to family, friends, etc. without an authorization, if it is in the best interest of the patient. An example is when it is clear they already have knowledge of certain information that we have discussed during a previous visit indicating you probably discussed this with them. Those types of disclosures are always limited to minimal information with a request for you to contact me directly.

You can authorize me to give certain others more information about you below:

**Designation Statement:**

I, \_\_\_\_\_, designate the following person(s) to be able  
(print name)  
to speak to anyone from Montana Headache Clinic, PLLC on my behalf. This information includes but is not limited to, my medical condition, medical needs, or status of my account. I release Montana Headache Clinic, PLLC and anyone working on their behalf from any claim of breach of confidentiality in connections with the release of information to the following.

Name & Relationship of Person: \_\_\_\_\_

Name & Relationship of Person: \_\_\_\_\_

Name & Relationship of Person: \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or parent/Legal Guardian/Authorized Representative

\_\_\_\_\_  
Date

***This designation is valid until cancelled in writing or replaced.***