Treasure Valley Gastroenterology Specialists
Raquel Croitoru, M.D.
Board Certified Gastroenterology
Fellow American College of Gastroenterology

PROTECTED HEALTH INFORMATION RELEASE (PHI)

Patient Name:_____ **Date of Birth:**_____

Please check all that apply:

☐ **You have my permission to speak with my spouse about my medical care. (list below)**

☐ **You have my permission to leave information on my answering voice mail/answering machine regarding my medical care and test results.**

☐ **You have my permission to talk with my children or other family members involved with my medical care. (list below)**

☐ **You have my permission to call me at work.**

AUTHORIZED INDIVIDUALS
(People who can be informed about my health care)

Name: _____ **Relationship:** _____
Home Phone: _____ **Cell/Other Phone:** _____

Name: _____ **Relationship:** _____
Home Phone: _____ **Cell/Other Phone:** _____

Name: _____ **Relationship:** _____
Home Phone: _____ **Cell/Other Phone:** _____

Name: _____ **Relationship:** _____
Home Phone: _____ **Cell/Other Phone:** _____

Name: _____ **Relationship:** _____
Home Phone: _____ **Cell/Other Phone:** _____

Other, Please Describe: _____

_____

_____

_____

_____ _____
Patient Signature Date

222 W. Iowa Ave. Ste A ● Nampa, ID 83686 Phone: 208-467-3432 Fax: 208-467-4147