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Paducah, KY 42003
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Western Kentucky Kidney Specialists

HIPAA/Emergency Contact Form

As stated in the HIPAA Notice of Privacy Practices regarding uses and disclosures of Protected Health Information (PHI), we may provide PHI to a person or persons of your choice. To provide the best possible care to our patients, your PHI will be coordinated and shared with the members of our medical staff of Western Kentucky Kidney Specialists.

- ☐ **I do NOT wish to make any restrictions.**
- ☐ **I wish to make the following restrictions. (Listed below)**

_____

_____

_____

In the event of an emergency, Western Kentucky Kidney Specialists personnel will make immediate decisions in the best interest of your health and safety. Following an emergency in which you are unable to contact someone yourself, we will notify the person(s) you designate below.

Emergency Contact #1

Name: _____ **Relationship:** _____

Phone Home: _____ Work: _____ Cell: _____

Emergency Contact #2

Name: _____ **Relationship:** _____

Phone Home: _____ Work: _____ Cell: _____

By signing the below, I confirm that I have read and understand the information above. Beginning on the date of my signature, I authorize the disclosure of my PHI as outlined. I understand I may withdraw my consent to this authorization at any time by notifying Western Kentucky Kidney Specialists in writing. Otherwise, this authorization will expire 1 year from the date of my signature.

Printed Name of Patient: _____ **DOB:** _____/_____/_____

Signature of Patient/Authorized Agent: _____ **Date:** _____