

**CARDIOVASCULAR ASSOCIATES, PC**  
**PO BOX 3128**  
**SIOUX CITY, IA 51102**  
**PHONE: 239-4702 OR 1-800-369-1389**

In an effort to protect your privacy at all times, we would like to ask for your assistance.

Please provide us with a list of individuals with whom we may discuss your care. The persons listed would be able to ask questions regarding your condition (example: an adult child or spouse of a patient who might wish to talk to a physician or staff member regarding your care). You will not be notified when information is being given to these individuals.

It will be your responsibility to notify us if you wish to add or delete a name from this list. Some of the areas that may be discussed with these persons could include: treatment options, prescriptions, financial information and test results.

Please list the names of those you permit us to discuss your care with and include their relationship to you.

**Name of Person**

**Relationship**

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**Printed name of patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CVA EMR #** \_\_\_\_\_

**Signature of Patient:** \_\_\_\_\_