General Thoracic Surgery

Benjamin, Kozower, M.D., MPH
Daniel Kreisel, M.D., Ph.D.
Rubin Nava, M.D.
G. Alexander Patterson, M.D.
Varun Puri, M.D
Bryan Meyers, M.D., MPH
Denise Dickey, R.N, NP.-C.
Nicole Lee, R.N, NP-C Nicole
Taylor, RN, ANP

Patient NAME:____

Date of Birth: ____

Authorization

TO DISCUSS MY PROTECTED HEALTH INFORMATION (PHI)
I authorize Washington University Thoracic Surgery, Physician and/or staff to discuss my Protected Heath Information (PHI) with the people listed below. This authorization allows us to give your test results and discuss your care with the people you designated (children, parents, siblings, friends, etc.).

1.) ____________________________________

2.) ____________________________________

3.) ____________________________________

4.) ____________________________________

5.) ____________________________________

6.) ____________________________________

________________________ _______________
Patients Signature **Date**