



PERMISSIONS

First Name	Last Name	Membership ID
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Permissions to Discuss Medical History, Records or Conditions

I understand that during the course of my membership, it may be necessary for someone else to discuss my medical history, records, or conditions with an authorized representative of Impact Health Sharing.

This may include my spouse, parent, or other relative, or in the event that I'm overseas as a missionary, a representative from my mission organization.

Furthermore, if I do not communicate fluently in English, I need to designate someone for the purpose of communicating with Impact regarding my medical history, records or conditions.

Below, I have listed the person(s)* (if any) authorized to discuss my medical history, records, or conditions with Impact representatives.

I understand that if I do not list anyone below, Impact representatives will limit confidential, personal medical-related communications to the individual it concerns.

I understand that there may be times when a Impact representative may not be able to reach me and I give my permission for authorized representatives of Impact to leave detailed phone messages or send detailed emails regarding my confidential medical information, using the contact information I have provided for my membership.

Check one or more: Home Phone Work Phone Cell Phone Email

Listed below are the individuals authorized to discuss my medical history, records, or conditions with Impact:

**It is not necessary to include your physician(s). Please print full names clearly.*

Name of Authorized Person (spouse)

Name of Authorized Person (other)

Name of Authorized Person (other)

Member Signature Date Signed **Sign Here**

Member Printed Name: Impact ID