



**Penn
Highlands
Healthcare**

PENN HIGHLANDS PHYSICIAN NETWORK
100 Hospital Avenue
PO Box 447
DuBois, PA 15801-0447
Telephone 814-375-4098 or 814-375-6504

Patient Name: _____

DOB: _____

While under the care of Penn Highlands Physician Network you have my permission to release my medical information to the following relatives and or acquaintances if needed. Check the "Portal Proxy If Requested" box to give permission for patient portal proxy access for each individual if desired.

NOTE: Without this box selected, person will NOT be granted proxy access if they request. If at any time, Portal Proxy access needs revoked, please call your Doctor's office :

_____	_____	_____	Portal Proxy If Requested
Name	Relationship	Phone Number	
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

_____ By initialing here, I am giving permission for Penn Highlands Physician Network to leave messages on my voicemail or answering machine and to communicate with me via email.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

1CON	*1CON*	Page 1 of 1
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1/25/21, 7/7/22, 8/11/22