

## PHI History for:

Personal Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Source of Authority: \_\_\_\_\_

Notice of Privacy Practices:  Given: \_\_\_\_\_ (date)  
(phone #)  Receipt on file: \_\_\_\_\_ (date)

Preferred Method of Communication: \_\_\_\_\_

Date	Action Taken/Description	✓ if a Restriction	✓ if a Correction	By