CLEVELAND
KIDNEY
DISEASE ASSOCIATES

Andrew E Lazar MD
3619 Park East Drive, STE 110
Beachwood, Ohio 44122
216 896 0639
Fax: 216 896 0663
www.clevelandkidney.com

Authorization to Disclose Personal Health Information

HIPPA Supplement Form

I, _____, hereby authorize CKD Associates to disclose my
Patient Name
Health information to the following parties (family, next of kin):

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Patient Signature	Date / /
Representative Signature	Date / /