

Confidentiality Notice

In general, it is Federal Policy that we do not disclose information about YOU to ANYONE ELSE without your permission. This policy includes a spouse, son, or daughter, parent in certain cases, or anyone who might inquire as to your health and/or account information. We need your permission to leave messages on an answering machine, or give the information to a family member who may answer your telephone.

I _____ give permission that messages regarding appointments may be left on my answering machine or given to the person answering the telephone.

Please list the names of relatives or friends that may inquire as to my health, appointments, or account status.
If a spouse is not listed, we will assume information should not be left with them.

I hereby authorize you to release information to the following people:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Patient Signature _____
Date
(This authorization is for family member or friends ONLY. It is my understanding that information must be released to my insurance company upon their request, or to auxiliary medical services; such as hospitals, laboratories, pharmacies, etc.)

OR...

It is my wish that information regarding my health, appointments and account status NOT BE RELEASED to ANYONE OTHER THAN MYSELF.

Patient Signature _____
Date
(Confidentiality Notice.doc)