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MEDICAL INFORMATION WAIVER

In an effort to provide you with timely information regarding your health care, we are asking that you complete this waiver:

Please provide us with phone numbers where you would like us to **contact you with test results and medical information**.

________________________ **Home** ________________________ **Work**

________________________ **Cell** ________________________ **Fax**

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If you are unavailable when we call you, please list the name and telephone number of any other person(s), i.e. husband, wife, child, etc., authorized to receive and discuss your personal medical information?

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Name Relationship to Patient

Phone

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Name Relationship to Patient

Phone

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If you are not available at the time we try to call you, may we leave medical information on your **answering machine** or **voice mail**?

__________ **Yes** ____________ **No**

(If your answering machines does not identify your last name or phone number, we will **not** leave medical information.)

I HAVE BEEN NOTIFIED OF THE PRIVACY POLICY FOR THIS PRACTICE. I WISH THIS WAIVER TO REMAIN IN EFFECT UNLESS I RESCIND IT IN WRITING.

Signature: ______________________ **Printed Name:** ______________________

Today's Date: ____________________