



Patients:

To ensure your privacy, please answer the following questions and notify the Front Office Staff whenever this information change.

1. Do we have permission to leave a message on the phone number(s) you have provided to us?

YES  OR NO

2. May we discuss your Medical Information with family and friends?

YES  OR NO

OR:

**Please list names of people we can discuss your medical care with:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pt's Relationship to contact:  Spouse  Parent  Child  Friend

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pt's Relationship to contact:  Spouse  Parent  Child  Friend

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pt's Relationship to contact:  Spouse  Parent  Child  Friend

3. If someone calls for you or asks for you while you are in our office, do we have permission to tell them you are here?

YES  OR NO

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Original Date

\_\_\_\_\_  
Patient Name (Printed)