

At times it may be necessary to discuss your medical progress and plan of treatment with family members or other caregivers. However, under the current privacy regulations we are unable to discuss any portion of your care with anyone other than yourself without your signed authorization. Please list below anyone you would approve our office speaking with regarding your health care.

1. Name _____
Relationship _____
Phone # _____
Password: _____
(e.g., date of birth, SS#)

2. Name _____
Relationship _____
Phone # _____
Password: _____

3. Name _____
Relationship _____
Phone # _____
Password: _____

Patient Signature

