MEDICAL INFORMATION WAIVER

We will automatically send information regarding your medical condition, as well as recommendations for treatment, to your referring doctor and medical doctors.

If we need to convey information to you regarding your treatment and medical care, and if you are unavailable when we call, may we leave medical information on your answering machine or voicemail?

_________Yes  ___________No

It is our policy to share medical information with your children and spouse. Do you give us permission to notify your children and/or spouse? Indicate below:

_________Yes  ___________No

Is there another person with whom you would like us to share medical information?

_________Yes  ___________No

Name:  ______________________________
Relationship: ______________________________
Phone #:___________________________________

I have been made aware of the Privacy Policy for this practice and have been offered a copy of such document.

Print Name:_________________________________
Signature:___________________________________
Date:_______________________________________